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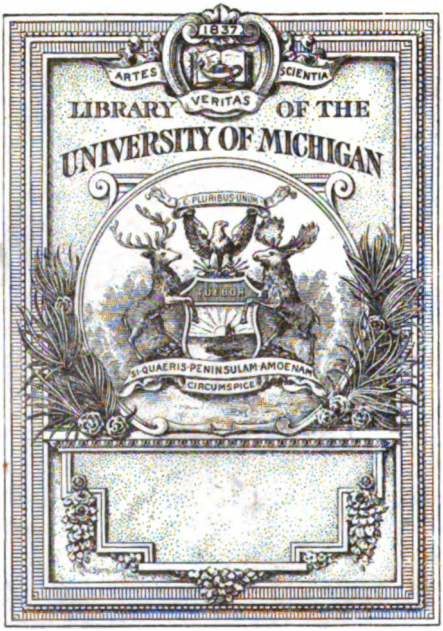

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MEDICAL COUNSELOR

AND

MICHIGAN JOURNAL OF HOMOEOPATHY.

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MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan,

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EDITORIAL CHAT.

"Le roi est mort; vive le roi!"—It seems a long, long time since the general editor of "this here journal" looked into the editorial future with the calm assurance which he now feels that at least a reasonable portion of his numerous day-dreams concerning the COUNSELOR is about to be realized. When least expected, good fortune sometimes sees fit to smile upon poor mortal man, and, being an impulsive jade, with unaccountable notions and freaks, she once in a century thrusts her bright countenance into so dreary a place as the editorial room of a medical journal.

A decade of years has nearly passed since the MEDICAL COUNSELOR timidly entered upon an existence which seemed precarious at best; it has, during these years, seen its ups and downs; it has gone through the changes and crises incident to other ventures of the same sort, and, in addition, has had to encounter a good many embarrassments chargeable to that providence whose ways are wholly inscrutable. It has made many friends, some of whom eventually "fell by the way-side;" it has made many enemies, some of whom became its staunch friends and supporters; it has tasted to a reasonable extent of the sweets of success and popularity; has borne without grumbling the curses of those whom it opposed, and has stood without whining "the slings and arrows of outrageous fortune" pelting from every direction and usually hitting in the tenderest parts, close to the vitals. Through good and evil report, through success or failure, in the high tide of its prosperity and in the darkness of adversity, the COUNSELOR has remained true to its self-appointed mission:

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to labor in season and out of season for the advancement of homœopathy. It has earnestly striven to demonstrate to its readers the beauty of homœopathic teaching, the scientific accuracy and simplicity of the system, and its superiority over other methods of treating the sick. The COUNSELOR, no matter how deficient in brilliancy of original work done in connection with it, no matter how guilty of sins of omission and commission, has never failed to assert and prove the correctness of the law of the similars, and to do all in its power to maintain the organic integrity of the school, not for the sake of sordid motives, not because it glories in schisms, not because it is unwilling to do homage to the great medical profession of which we as a school form a loyal portion, but because of an honest belief that the dominant school have not yet learned that differences of opinion should not be sufficient to ostracize a man in every sense duly prepared for the skillful discharge of common duties, because of the conviction that the time for the breaking-down of barriers between the schools has not yet come, and because of the full assurance that the unprecedented growth of therapeutic knowledge is the result rather of an honorable rivalry of the schools than of all other agencies combined.

The COUNSELOR has had another mission, of even greater importance, which it has also discharged with unswerving fidelity and without regard to its own interests. It has unqualifiedly opposed the tendency of our school to extremes in practice, both in the direction of crude materialism and of transcendentalism. It has ever gloried in the wisdom and ability of the man who, under providence, first formulated our law of cure, but it has as energetically objected to man-worship in any form, and to each and every attempt to block advancement by making unfaltering adherence to the medical teaching of almost a century ago the test of loyalty to the school. It has, without a single exception, in its editorial department pleaded for purity and *honesty* in homœopathic practice, but it has as energetically insisted upon the necessity of making intelligent use of all the auxillaries at the disposal of the skillful physician. It has ever, and with honest pride, avowed allegiance to the school in the interests of which it was published; but it has as vigorously maintained that it is the duty of all practitioners of the healing-

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art to be more than homœopathists, to be *physicians* in the truest and noblest sense of the term.

The COUNSELOR never has had, and expects never to have, the very slightest measure of sympathy with those who would ridicule and prescribe the use of attenuations higher than is warranted by their own preconceived notions; neither has it consented, nor will it ever consent, to fasten upon the symmetrical and chaste figure of "homœopathia" the fantastic, improper, and extravagant ornamentations with which the transcendentalists would gaudily bedeck it. The COUNSELOR, for instance, has *never* believed that "*Nix*" (i. e. snow) potentized (?!?) by Dr. E. W. Berridge, and used for the cure of affections arising during, or aggravated from, the presence of snow on the ground is anything short of unmitigated nonsense, and it has never entertained, even for a moment, that any possible connection can exist between such arrant folly and the sober teaching of Samuel Hahnemann. And it has never seen a single good reason why the great mass of the profession ever submitted, or should continue to submit, to have fastened upon homœopathy a lot of rubbish which is only calculated to cast upon the school reproach and ridicule, and which in reality is utterly foreign to its teaching and absolutely irreconcilable with its exalted mission. The MEDICAL COUNSELOR has ever maintained that homœopathy consists in nothing more and nothing less than the selection of the remedy to a given case according to the law of the similars, in the smallest dose capable of producing curative action. And while it is fully conscious of the impossibility, at this day, of fixing a line which shall correctly limit the usefulness of the higher attenuations, it has been, and in the future will be, the policy of this journal to uncompromisingly object to treat as essential principles of homœopathic practice those thousand-and-one minor matters which are of the smallest possible value to the physician engaged in the active practice of his profession.

But why the rejoicing in the editorial sanctum? For two good reasons. The general editor, for the first time in some years, feels freed from the pressure of other literary labors which have demanded his closest attention, and having sent to the printers the very last pages of the work on "Practice," he is happy in the knowledge that he can once more return to

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journalistic work, and attempt to make-up for enforced neglect. The other, and much more important, reason for rejoicing lies in the fact that he is to share his work with his colleagues in the faculty of the Homœopathic Medical College of the University of Michigan, who from this day with him assume the responsibility of the future of this journal. The general editor has long been convinced that the time has come in the history of professional journalism where success depends upon the quality of the work done, and where it has become utterly impossible for one man to provide the material for a publication of almost a thousand pages per volume. He saw no prospect of securing the help needed, and had almost concluded to drop a burden which had become too heavy to carry, when unforeseen circumstances arose, meeting all the requirements of the case. In the future, then, the united efforts of at least five hard workers will be brought to bear upon each issue of this journal, and its pages will contain that amount of original matter, that variety of reading, and that careful covering of the entire field of professional thought which one man cannot possibly accomplish unless he is able to devote to the work his undivided attention.

Besides thus undertaking to furnish a journal of permanent value to professional readers generally, all matters relating to the Homœopathic Medical College of the University of Michigan and to the furtherance of its interests will find a place in this journal, and college chit-chat, embodied in a special column under the management of a class-editor, selected by the class, will from this date form a regular feature of this journal.

MEDICAL COUNSELOR? Alas, no! "Le roi est mort!" MEDICAL COUNSELOR no more, but THE MEDICAL COUNSELOR AND MICHIGAN JOURNAL OF HOMŒOPATHY, and thus: "Vive le roi!"

The new name, however, is no forsaking of the old journal which has become dear to us who have read it for almost ten years, as many have done with whom the editor is now chatting. Clothed in a new and more attractive garb than ever, it will stand by the old colors and, stronger than ever, do all in its power to hold old friends and to gain the confidence, affection, and hearty support of all who can sympathise with its aims and purposes.

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SURGERY.

CLINICAL TALK ON POST MORTEM EXAMINATIONS.

(SERVICE OF PROF. H. L. OBETZ.)

REPORTED BY C. J. CARON, CLINICAL REPORTER TO THE CHAIR OF SURGERY.

Desiring more fully to consider the questions arising while conducting post mortem examinations than is possible in the formal lecture delivered in the course on minor surgery, I will at this time undertake a detailed talk on the many little points which every one should know, and which, if omitted, are the cause of much vexation to the practitioner, lawyers, court and jury; these points are unfortunately ignored in most works on post mortem examinations. This leaves much to individual judgment and experience, and as an extensive experience is hardly possible in private practice, many nice points may be overlooked, or, if not overlooked, the operator is left in doubt how to proceed at certain points during an examination. For this reason the guilty frequently escape, the legal knowledge of the crime being wanting, or the innocent may be made to suffer from undue prominence being given to unimportant or misinterpreted facts.

What then is the duty of the medical jurist called upon to conduct a post mortem examination?

Clearly, to honestly and fearlessly collect all the facts in the case which are liable to influence the court and jury in determining the time, or cause, of death in the case submitted. Many times a community of which the examiner is one, is greatly shocked and excited over a supposed murder, and the operator has certain alleged facts in his possession before he is called on to make an autopsy. Unless the operator is very careful, he is liable to be influenced by public opinion, and will find himself bending facts to meet opinions already formed, if not already expressed. This error is one of the most frequent, and can't help bringing the medical jurist guilty of this prejudice into disrepute in court and in the community at large as soon as the heat of excitement is gone. What is wanted is a careful collection of the facts in the case, so that if the case comes into

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a court of justice, justice may be done, and the business of the court expedited.

Many persons commit another great error, in recording opinions and conclusions throughout an examination, ignoring the facts in the case. If only opinions are given, there is no way of questioning them, or of any one else giving an opinion on them. If the facts are given, any one may put an interpretation on them, and many times this is desirable.

In recording observations, avoid the use of technical terms; avoid stereotyped phrases; aim to be concise, and yet full enough to be clearly understood, and be able to say that nothing was omitted. Notes should be taken on the spot, and nothing trusted to memory. That no suspicion of erasures may arise, use pen and ink in taking notes; as soon as is possible after the autopsy, the note-taker must write them out in full, and all those taking part must read and sign them under oath, if so required. Where a prosecution is liable to take place and the case is to be reviewed in court, it is better to always have one or more assistants in conducting a post mortem examination. One man should do the work in chief, another should assist him, and a third should observe the work closely, and take notes as agreed upon by the operator in chief and assistant. If extreme care is taken, little error will creep into such a report, and much trouble and anxiety will be saved when the case is reviewed in court, in the presence of counsel opposed to each other and intent on keeping back all points not material to the case. You may be sure if your facts do not convict to be roughly handled by prosecution if opportunity presents, and if the facts tend to convict, counsel for defense will do all they can to break the force of the facts given by you. Here it is that a nicely conducted autopsy pays great interest to those engaged in it.

The first thing to do when summoned to take charge of a body which is to be the subject of an inquest, is to examine the surroundings for evidence as to the time or cause of death. At this point do not make the mistake of assuming police powers. What you are to do is to examine for anything which will throw light on the medical evidence in the case. Blood stains, bloody finger marks, vomited matters, and items of this kind, come

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under this head. Do not measure common tracks, examine broken locks, tools left in a burglary, etc. This comes under the head of police duty, and can only bring contempt on the medical examiner, if noticed. Do not in any way be hasty and give an opinion until all the facts are before you and after you have well weighed them.

A diagram of the room or more immediate surroundings of the body, or bodies, if there be more than one, their relationship to each other and the surroundings, with lines running from body to objects and distances marked on them, may be of great aid to the examiner in court. The position of weapons which seem to have been used, blood stains and vomited matters must not be omitted. If blood seemed to have simply run out of the wound, as in venous bleeding, or was thrown in jets, mention the fact and the course from which it came. It is best at this point to take account of weapons found which seem to have been used in causing death; these must be described and placed in the hands of proper officers, and the fact noted. I advise you in all cases to preserve the weapons by which a homicide or supposed suicide was caused, if there is the least doubt of its being the subject of a trial in court. The diagram will refresh your memories, and the actual exhibition of an ax, pistol or knife, will save you much tedious detail. The judge will always allow you to refer to notes or diagram, to secure accuracy, if they were taken on the spot while conducting the examination. You may not use a diagram taken from a newspaper or other source, however accurate, unless all parties consent to its introduction as evidence, and allow you to use it. Your diagram is your own, like the notes, and cannot be excluded by either side in a trial.

These facts are the basis of your opinion as to position of person when struck down, direction from which the assault came, etc. Much now depends on the fact of identity; if the person is well known to all, this may be left to the common evidence in the case, and no attention need be given to it during the autopsy. In cases where there is lack of identity, everything that is calculated to throw the least light on this must be collected and noted.

Examine and describe the clothing in detail, whether coarse

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or fine, cotton or wool, number and name of different garments; carefully look for name, trade-marks, patches, etc. State whether clothing was well worn or new, and judge as near as you can the situation in life and occupation of the individual. Examine pockets, and remove and describe contents. These, with such things among the apparel or other effects as may tend to establish identity, must be placed in the hands of the proper officers, and the fact stated. If the clothing is stained with blood, mucus, semen, or other substance, mention and describe the stains. If there is doubt as to the nature of the staining substance, the spots should be examined under the microscope or tested with chemical reagents. Do not attempt the impossible in your zeal to make a point in a case, as in the following case related to me from actual practice by Judge M.: During a trial for murder, a prominent physician swore that spots on the boots of the accused were blood, and further, that he could tell with the naked eye that it was human blood. After recess, the defendant's attorney, Judge M., had prepared a test he proposed to the doctor. A chip with chicken blood on it was to be presented, with a drop of blood from a finger pricked with a pin, in its midst. The doctor begged to be allowed to retract the statement on the witness stand, much to his confusion and the entire loss of the force of his testimony in the case, and of his standing in the court.

In cases where the body, or bodies, are badly decomposed or burned, even the sex may be in doubt. Examples of this kind are found where ships are wrecked, theatres or asylums burned. In such cases the hair of the head, the fact of presence or absence of a beard, might establish sex. If these are gone, look for the mammary glands and sexual organs, and lastly, if these yield no deciding points, the shape of the collection of hair on the pubes may alone decide, if present. On the mons veneris it is arc-shaped at the top; on the pubes of the male two cornua extending up the groins give a square top to this collection of hair.

Give color of hair, eyelashes, eyes, and beard, if there be one. Now examine the rest of the surface of the body for marks, wounds, scars, tattooing; at this time and in this connection note malformations or complete absence of parts.

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Mention all discolorations, and do not describe as inflammatory foci or ante mortem bruises the post mortem discolorations which appear as the results of stasis and hypostatic congestion. This is another very frequent source of error, and may give a coloring of murder to a simple death from natural causes. If there is doubt about such a spot, it should be carefully examined externally for rupture of the epidermis or integument. In cases where decomposition is far enough advanced to allow slipping of the epidermis, this test, unless the whole skin is involved, will be valueless. In recent cases make a long sweeping incision through the spot, which should be as near the center of the incision as possible. Now examine for rupture of tissue and extravasation of blood. If short incisions are used, there may be a haggling of tissues which will render the question of rupture of tissue doubtful. Remember that capillaries are at all times microscopic objects, and if these are to be examined, a section of the tissue may be placed under the lens for examination. When there is no free blood as the result of capillary rupture in the part, there will always be doubt of the spot being of ante mortem origin. In all cases where there is doubt, plainly so state. In matters of this kind over-confidence often leads to much loss of prestige, as in the case previously cited. If there are wounds, burns, or fractures, determined from external examination, describe: (a) their situation and number; (b) in case of wounds, the length and width, and whether lacerated, contused, incised or punctured; (c) bullet wounds, as to whether made at close or long range, determined by presence or absence of powder burn, but do not forget, if the wound be on a covered part, that powder burn may be on clothing. Depth of wound must be only relatively determined at this time, as a severe probing might furnish grounds for doubt in the minds of judge and jury as to whether certain phases of the wound belonged to the original injury or the probing post mortem. If you use a probe, do so with the greatest care, when all are looking, and on no account use force. *Do not let it enter any cavity of the body, however easy it goes.* Although such a probing may do no damage, it yet furnishes a point to attack the genuineness of wounds found and the care taken in doing your work. I will cite a case nearly in point that you may draw the lesson it teaches,

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the probing in this case being just before death, and on the following trial held to be one of the causes of death, if not the only cause of death. A negro was found in an insensible condition, with a bullet wound entering the cranium. A doctor. called in, probed the wound to the depth of 4½ inches. The probe entered easily, and was supposed to be following the track of the bullet. The negro rapidly sank away and died. The autopsy revealed the bullet just within the head, between the shreds of the dura mater and cranium. The defense claimed at the trial of the person firing the shot that the probing, and not the bullet, produced death. *The jury seemed to take this view of the case, as the man was acquitted.*

We now examine all the outlets and inlets of the body, eyes, ears, nose, mouth, tongue, teeth, uretha, vagina and rectum. In those suffocated by strings, ropes, pieces of clothing, as where newly born are found strangled, the constricting substance should be saved, and special points examined and noted. In case of suspected outrage, examine the clothing for evidences of staining by semen; if mucus or semen is found in the vagina, it should be saved and examined at once by experts for spermatozoa under the microscope. In case of virgins, blood stains and semen may be found entirely on the surface, no entrance having been effected, as possibly in the case of children. Now, after noting all these points, you may begin the examination of cavities and their contained viscera, which I will leave for my next talk on the subject.

THEORY AND PRACTICE OF MEDICINE.

INTRODUCTORY TO THE COURSE ON THEORY AND PRACTICE OF MEDICINE.

HOMŒOPATHIC DEPARTMENT OF THE UNIVERSITY OF MICHIGAN, SESSION 1885-6.

Under the comprehensive title of "Theory and Practice of Medicine" is included all that relates directly to the cause, symptoms, nature, effect, treatment and prevention of internal diseases.

To the chairs of obstetrics and surgery are relegated respectively the affections peculiar to the female sex and early in-

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fancy and those pertaining to syphilitic contamination. Even with these limitations the subject falling within the limits of this chair is one of such vast extent and importance as to require the devotion of much time, labor and zeal for its mastery on the part of both teacher and student. Conscientious convictions on the various points involved are essential in the outset, to you and to myself in our respective capacities as pupil and teacher.

When we consider that there is scarcely anything having the remotest influence upon us for good or for evil, whether a substance, a process, a mental act or an emotion, which may not be a *cause* of disease; that the most subtle and intricate experiments instituted by the most profound minds for ages, have scarcely given us an insight into the *nature* of diseases; that the *symptoms and signs* of disease embrace every indication offered to the eye, the ear, or the touch, and every look, appearance or movement exhibited by the sick; that the *effects* of disease are almost as numerous as the diseases to which humanity is heir; that the *treatment* of disease includes, not only medicines, but all agencies of any and every character, capable of favorably modifying the systemic actions; and that finally, in the *prevention* of diseases, a thorough knowledge of their ætiology, and of the influences capable of removing, neutralizing or resisting their operation, is requisite,—when all these facts are considered, you will, I am sure, be convinced that the subject of theory and practice offers scope for all the time, energy and talent you can possibly devote to it, and of the awful responsibility connected with its cultivation and use.

Of the immense value of medical knowledge there can be but one opinion—to relieve pain, to save life and to preserve health are the most important and benign objects to which we can devote our lives and fortunes. The medical knowledge of the present time is the outgrowth of ages of patient study and experiment, and yet how far does it fall short of being an exact science! We are still compelled to acknowledge that all efforts to reduce its principles to the precision of mathematical rules are a failure and that there is as yet no royal road by which the indolent or careless observer may ascend its sublimest heights.

The birth of the art of medicine is wrapped in obscurity,

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inasmuch as our knowledge of its origin is derived from the traditions and fables of the earliest ages. The ancients ascribed the art of curing disease to the direct inspiration of the gods; hence we find that the *physicians* of that age were the *priests*, through whose agency it was hoped the displeasure of the gods, which they imagined was manifested in disease and pestilence, might be averted. We find them practising exorcisms, incantations, and all those analogous means which their misguided devotional tendencies suggested; the more mysterious, horrible and disgusting the remedy they used, the greater the curative power it was supposed to possess. Thus, disgusting insects, moss growing on dead men's skulls, snakes, lizards and dried viper's skins, dragon's blood, etc., found a place in their pharmacopœia; and even in our own day there exist traces of these vagaries and absurdities, in the traditions told by old people of witchcraft, charms and spells; in the mystery with which the quack of the present day endeavors to surround himself and his so-called *Indian remedies;* in the miraculous power supposed to be inherent in "the seventh son of the seventh son, etc." Who among us has not heard of that infallible cure for sties which consists in the patient standing in the middle of two crossing roads, and repeating that erudite couplet,

> **"Sty, sty, leave my eye,**
> **And take the first person that passes by."**

Who does not know that *red* flannel is infinitely more efficacious than *white*, and that a red string or cloth about the neck is a certain preventative against numerous distempers. Thus we see that these old whims and superstitions still find a refuge in vulgar ignorance and in childish credulity.

During all these earliest ages the sacred mysteries of medical science were confined by the *Æsclepiadean oath* to the members of one family from generation to generation; and it was not till after the birth of Hippocrates, about the 4th century, B. C., that this oath was superseded by the *Hippocratic oath* or declaration which is still respected in modern schools, and by which the medical knowledge was gradually disseminated throughout the world, by being more or less freely imparted from one to another, until to-day the man who would retain in

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his own possession, as a secret, any valuable medical knowledge which by being freely given to others might prove of unquestionable service to suffering humanity, would be considered unworthy the respect of the profession and of an enlightened laity.

During the 2d century the doctrines of Hippocrates were revived and strengthened by Galen, who was the great medical light of the civilized world, down to the 17th century. Galen was the first to acquire any knowledge of anatomy, which he did by dissecting apes and other animals; he was also the first to demonstrate the fact that the arteries contained blood, the most important discovery made in physiology up to this time; to him is also attributed the maxim "*contraria contrariis curantur.*" After Galen's death no medical author of ability appeared for centuries, and no new theories were promulgated till the time of Paracelsus, who was born about the year 1493 A. D. He was the first to dispute the theories of Galen, and publicly burned his works. He also began the use of chemical remedies, such as mercury, opium and antimony.

Nothing will better exemplify the intolerance of this dark period in medical history than the fact that Michael Servetus, who had nearly demonstrated the circulation of the blood, about 1550 A. D., was arrested and burned at the stake by the influence of John Calvin, the reformer; and thus this great discovery was delayed for nearly a century, until Wm. Harvey, in 1628, published his work on the circulation of the blood, which even then brought upon him the bitter denunciations of his contemporaries.

At this period the powerful remedies introduced by Paracelsus were still in the hands of the quacks only, as his followers were called; Von Helmont, who contracted the itch in 1640, could not be cured by *regular medicine*, and had to resort to the quack remedy, sulphur; and the faculty of Paris forbade the use of all chemical remedies. About this time also Peruvian Bark was discovered by the Indians of South America and brought to Europe; but such was the fury roused in the medical profession by its introduction into common practice, that the physicians of Oliver Cromwell are said to have allowed him to die of ague rather than administer the hated specific.

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As a mere coincidence I might mention an almost, if not quite, parallel case of bigotry, which I witnessed once, when a student in this same college. A man, *calling himself a homœopathic physician*, stood up before my class and stated that in a case which he was treating someone had advised the use of *quinine*, and that he had on the spot indignantly repudiated the idea; and he added, with all the energy of a zealot, "do you suppose for a moment that I would be guilty of administering quinine to a patient of mine? I would rather see him die on the 200th of sulphur than get well on ten grains of quinine."

Ladies and gentlemen, I would fain hope that he was the last specimen of a now extinct species, whose ancestors gave color and support to the Darwinian theory of development; but is it surprising that we are misinterpreted and maligned by our opponents. when our school will endure to be traduced and calumniated by such representatives, without even making the shadow of a protest?

Through the genius of Cullen, who, by his work, "The First Lines of the Practice of Physic," published in 1784, revolutionized the theory and practice of the profession, medicine reached a proud position among the sciences about the close of the 18th century; it was already the most sublime and useful of all the departments of knowledge, and was cultivated with ardor and enthusiasm by a vast number of the most intelligent men in both hemispheres.

At this time, 1790, Hahnemann proclaimed his new theory, which set at naught the accumulated wisdom of ages. He had been employed in translating Cullen's Materia Medica, and being dissatisfied with the explanation given by the author of the anti-febrile powers of Peruvian-bark, he determined to discover its real properties by experiment upon himself; taking it in considerable quantities while in perfect health, he found that it produced a condition similar to intermittent or marsh fever. This remarkable fact was treasured up in the mind of Hahnemann, and reasoning that *medicines must have the power of curing diseases similar to those which they produce in the healthy body*, and that they *only manifest such morbid actions as they are capable of curing when occurring in disease*, he finally enunciated that great law of cure which was in future to

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reconstruct the healing art, and whose truth was clearly embodied in his own mind, in the aphorism "similia similibus curantur." As followers and admirers of Hahnemann we do not by any means claim that all had been accomplished at the death of the founder of homœopathy, or that no important discoveries have since been made, but we do claim that the discoveries made since then only serve to unfold in a higher degree the beauty and the correctness of the principle which he announced.

The chief improvements made in the science of medicine during the 19th century have grown out of the researches of anatomists and pathologists; and their discoveries have been chiefly due to and made possible by the use of the stethoscope, the microscope, and the various instruments and appliances now in daily use, but almost or quite unknown at the beginning of this century; but the discovery of the homœopathic law of cure, and from it the building up of a new system of therapeutics which has largely revolutionized the medical world, was undoubtedly the grandest achievement in medical science since its origin, and is without question distinctly due to the wonderful genius of Samuel Hahnemann.

While we admire the genius and originality of Hahnemann which made it possible for him in spite of obstacles and persecutions which would have discouraged smaller minds, to conceive and formulate such a system of therapeutics from the chaos and confusion then reigning supreme in the medical world, we cannot but deplore many defects and inaccuracies which were necessarily embodied in his theories and writings; inasmuch as many now considered *unessential* points of doctrine are made most prominent, while some of the *essential* points are pressed into the background.

But when was a reform ever accomplished in which no imperfections were incorporated? Such a reform, such a system could not come save from a perfect source, and inasmuch as all humanity is imperfect any system originating in a human mind must fall far short of perfection. Probably at no previous period in the world's history could the great law of similars have been discovered; for without the benefit of the profound study and experience of many men in many ages, it would scarcely

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have been possible for even his gigantic and *creative* intellect to have arrived at this most sublime climax.

"Regular" medicine is active and persevering in investigating physiological and pathological processes, but strangely enough has almost entirely neglected a corresponding investigation into the curative sphere of drugs. Hahnemann was the first who endeavored, consistently and indefatigably, to obtain a knowledge of the effects of drugs and to apply it to practical use in accordance with a *definite law.* Taking up the slight threads of Haller and Baron von Stork, he instituted experiments on the healthy human organism, as the only way in which a knowledge of the precise effects of drugs could be obtained. The result of his investigations was embodied in his Materia Medica Pura, a work which in spite of its isolated defects must command the universal admiration of honest students. Provings upon the healthy human body constitute the very central point of homeopathy. It is from this source that our materia medica has been built up, and in view of this origin *it alone is justly entitled to the designation physiological* materia medica.

But while we look upon our system of therapeutics as the one scientific and well-defined method of treating disease, we must not lose sight of the fact that we are not the *only* anxious enquirers after the truth; lest we fall into the error of Hahnemann's defamers and persecutors, who, in their narrow-mindedness and bigotry could see no good in anything outside of their own obscure and unnatural theories, and who refused to accord to others the right to think and act for themselves.

It will be my earnest endeavor during the ensuing term to impart to you such instruction as will tend to make you practical physicians, not mere theorists, but men and women broad-minded and liberal, who, while they claim for themselves the right to think and choose as God has given them light, are free to allow to others, however much they may differ from them, the exercise of the same God-given privilege.

Let us take to ourselves the advice we would seek to impress upon the minds of our brethren of the old school, who, in their consciousness of the power conferred by numbers and long conceived notions, wrap themselves up in their iron-clad code

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of ethics and refuse to investigate any but their own methods of treatment; viz: to remember the responsibility that attaches to our position; to bear in mind the fact that the happiness and the lives of our patients hang upon our judgment and decision; and the great importance of looking about candidly and impartially to see what improvements have taken place in medical science, since the days of Hippocrates or Galen, or even those of *our own Hahnemann.* Let us submit everything to a rigid practical test and decide from results what is best calculated to promote the welfare of those who intrust themselves to our keeping. Let us not unduly reverence ancient doctrines or ancient names, simply because of their antiquity or prestige, but seek earnestly and persistently for the truth alone, whether ancient or modern, and then establish our practice upon this stable and broad basis.

When Hahnemann first promulgated his views to the world, their novelty and their entire variance with all preconceived opinions led the medical profession to think him mad; to answer his arguments by impudent sneers and senseless ridicule, and to drive him for a time into poverty and obscurity.

Like Fulton, who, when he first proposed to apply the powers of steam to the propulsion of a vessel, was by his best friends pronounced insane; like Harvey, who, when he declared his discovery of the circulation of the blood, was denounced as a reckless innovator and unworthy the public confidence as a practitioner; like Jenner, who, when he announced a *fact* (his theory of vaccination) that he had observed many years before, was looked upon as a mere adventurer, and his great discovery as a mere coincidence of no moment whatever; like Galileo, Newton, Columbus, and other benefactors of the human race, Hahnemann was aspersed, ridiculed and condemned, but time and the inevitable survival of truth have cast their calumniators into deserved oblivion, while the discoveries made and announced under such difficulties remain to benefit the world.

And yet, we must not be guilty of *hero-worship* to the extent that we forget that the world is moving on and that the means of investigation now at our command show the unwisdom of many of the propositions laid down by the great exponent of our faith. The assertion of

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Hahnemann in his Organon, "that the physician has only to deal with the externally reflected image of disease, and that in examining a patient the physician requires nothing but presence of mind and sound senses, attention in observing phenomena, and fidelity in drawing the image of disease," may have been considered in his time all that was necessary, but the rapid advances made in the study of physiology, pathological anatomy and chemistry, in our own time, have shown that this statement is not unqualifiedly correct.

Without a knowledge of the collateral sciences we cannot possibly institute a thorough examination of the patient or obtain a correct diagnosis, both of which are necessary in order to obtain a clear view of the internal pathological process which gives rise to all external symptoms, and upon which the selection of the true remedy depends.

Who, to day, would think of hazarding a diagnosis of diabetes mellitus or Bright's disease without first making a careful analysis of the urine? Or who would pronounce an ulcer with glandular irritation to be malignant or cancerous and refuse to make further effort to save the patient's life, without first invoking the aid of the microscope? Or who give a diagnosis of stone in the bladder without first exploring that region with a sound? None but the most careless and indifferent student of medicine would be guilty of such gross negligence.

The great progress in medical science, and the vast production of aids to diagnosis during the last decade, renders absolutely necessary the study of diagnosis and pathology in order to be worthy the honorable title of physician. And furthermore, the art of healing to-day comprises not only the administration of remedies in the cure of disease, but the use of any and all means at our command to alleviate or cure human suffering. He who refuses to relieve the excrutiating agony of a patient, knowing his disease to be incurable or one of very short duration, with the ordinary means of palliation, is equally culpable with him who refuses to use anything else but palliative measures.

What would be said of one who depends upon the action of an internal remedy for the reduction of a strangulated hernia, while his patient's chances for relief were momentarily growing less, instead of placing him in the most fovorable position and

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liberating the incarcerated bowel by manipulation or operation, if necessary? Or who, in case of an abscess, would give a remedy and trust to it to absorb the accumulated pus, in momentary danger, perhaps, of migration to neighboring vital tissues or organs, instead of giving it safe and speedy exit with the bistoury?

Or who, in a case of mal-presentation, would administrate Pulsatilla, or some other indicated remedy of miraculous repute, and calmly await, perhaps for hours, the revolution of the child, while the unfortunate mother's strength is fast waning, and the danger to both mother and child is constantly increasing, instead of using the good right hand that God hath given him to use, and accomplish in a few moments the desired object, the safe delivery of the child and the relief of the mother? Would we not justly hold such a one guilty of at least *trifling with human life?* And who will hold less guilty the man who through thoughtlessness or ignorance prescribes an excessive dose of a poisonous drug, to the, perhaps, irreparable injury, if not death, of the patient; or him who through a *conviction bordering on fanaticism* refuses to prescribe anything lower than c. c. or m. m. attenuation, resulting in like disaster to the patient? The former is a sin of commission and the latter of omission; the result, in either case, is calamitous to the patient.

What we want, and should endeavor to attain, is a broad and common sense view of the question; a calm and correct judgment as to what is right and best in each individual case, and the daring to execute this with promptness and precision; not the assertion of some individual that only drachms or ounces of a certain drug will suffice to cure certain conditions, or of another that only the c. c. or m. m. attenuation of the same drug will effect a cure, "tuto, cito, et jecunde." But to know and possess the truth propounded by Hahnemann in his great law of similars, which was the result of careful study and investigation during his lifetime; and which he left like the rude, rough stone as taken from the quarry to be shaped, squared and elaborately designed by those workmen who have been skilled and perfected in his teachings, upon whom his mantle of inherent love and zeal for the truth has fallen.

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Let us consider for a moment and, of necessity, very briefly, the question of dose. It seems to me a strange inconsistency in Hahnemann to insist upon a strict individualization in the diagnosis of disease, and of drug effects, and yet to descend to the veriest generalization in attempting to establish the thirtieth potency as the "*normal dose.*"

I need hardly state to you that the action of drugs upon the human organism is not regulated by a uniform law, but depends upon the difference in individual susceptibility to medicinal impressions, upon the peculiar character of diseased conditions, and upon the difference in the intensity of action manifested by the various drugs even in the same dose.

We all know the extreme susceptibility of some persons to even an attenuated dose of a drug, while others under similar conditions will take with impunity the maximum dose of the same drug. Daily experience also shows to every physician that certain diseases require larger doses than others, and that different drugs do not manifest the same intensity of action in the same dose; we are all aware that a grain of strychnine is much more powerful than a grain of murcurius or of podophyllin.

It then seems self-evident that the question of dose must be left to the judgment and experience of the practitioner, who alone is capable of deciding according to the circumstances governing the *individual case;* always keeping in view the fact, that the dose should not be large enough to cause either a medicinal or homœopathic aggravation. While we believe that the limit of drug-attenuation has not yet been fixed, we can see no reason for deliberately going to the *utmost extreme* of *potentization*, far exceeding the point at which an aggravation could possibly result, and into the realms of mysticism and possible absurdity.

Let us suppose that a traveler is obliged to cross a deep and dangerous river; though there may be a rope stretched across the river, and stakes set in the treacherous places, yet would we not think him silly or foolhardy were he to attempt its passage when told that a bridge existed a little way up the stream over which he might cross safely and easily? In your journey through life, as homœopathic physicians, you will have just

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such a river to cross in the shape of public opinion on the question of high potencies; and while Hahnemann in an age of chaos and obscurity, and apparently for the sake of getting rid of a great dilemma, advises the 30th potency as the normal dose and while some of his followers have even gone *much further*, to the 1,000th or 10,000th potency, would you not justly be called rash and foolish were you to attempt the passage of this river at so dangerous a point, when you know that study and experience have demonstrated a bridge in the shape of the lower potencies, which will enable you to cross safely and easily? Although you might possibly ford the stream in safety, you are on the other hand liable to do as not a few have done before you: flounder and sink in mid-stream, while your enemies look on and in your utter failure see only an act of just retribution.

Now, do not understand me to say that there is nothing curative in the 30th or 200th potencies. I may even see fit to prescribe these attenuations during the term; but I do maintain that in my every-day experience I have abundantly demonstrated the efficacy of the indicated remedy in the lower potencies, without finding any of the terrible aggravations of which Hahnemann and many who only claim to follow him, but who have actually gone into depths at which he would have stood aghast, were so much afraid.

Are we not subjecting ourselves to just criticism when we venture into the realms of the mysterious and unknown by insisting on the exclusive use of high attenuations? Are we likely to secure a fair and candid investigation of our system by thinking men outside our own ranks, when we strenuously insist on unessential points of doctrine? Will it not be wiser to remove from the pathway of such persons all stumbling-blocks, and to insist only on the *fundamental grounds* of homœopathy, viz: that strict *individualization* of persons, diseases, drugs and of the dose, which is embodied in the teaching of Hahnemann?

Heaven grant that the opinions which you may form from my instruction may be correct, and that honesty and love for the truth may govern your every effort in the pursuit of knowledge. Some one has well said, "an honest man is the noblest work of God." By the evident honesty of our convictions, by

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our readiness to accept the truth from whatever source it may come, and by our open-handed greeting for a pure and upright man, however much he may differ from us in opinion, let us prove to the world that we are worthy its respect. Thus, and thus only, can we hope to accomplish the good we aim to do in the path of our profession, and win the approval and support of all honest and thinking men and women, whether lay or professional. Then, and then only, will the onward march of homœopathy be more than ever rapid and giant in its strides, and conclude in a grand, triumphal procession which had its beginning in the experiments of Samuel Hahnemann, nearly a century ago, but which will extend to the remotest quarters of the earth, until all peoples shall enjoy the blessed and benign influence of *God* and *Nature's* beautiful and accurate *law of similars*.

D. A. MCLACHLAN, M. D.

CARELESSNESS THE CAUSE OF DISEASE.

If it were possible to trace back and find the time and circumstances of the cause of a very large proportion of the infectious diseases coming under the physician's care, a greater number would have a card at the head of the bed with "Carelessness" written on it.

True, there are always unavoidable risks, but the class of cases of which I speak particularly are those which are preventable and should have been prevented.

As an instance of this kind I will mention, first: In the beginning of the winter of 1872 a young man went from St. Louis to Hannibal, Mo. Soon after his arrival he was taken down with malignant small-pox and died. He was buried at night, and the wagon containing the body passed along a very rough road to the cemetery. Whenever the road was particularly hard—generally at the cross-roads—the persons living in houses in the immediate vicinity were infected, and became sick in ten to fourteen days from that time. This, at first, seemed strange. How was it possible for the disease to infect persons, living along the road, in this manner? It was afterward learned from the undertaker that he discovered, on his arrival at the grave, the coffin to be in a leaking condition, allow-

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ing a stream of pollution to drop along the road. Wherever the road was particularly rough, of course, the wagon was shaken more, the coffin jolted, and in this way more of the poison cast abroad. Thus no less than twenty-seven cases of malignant small-pox followed in the wake of one case, within fourteen days from the death of the first patient. Out of the twenty-seven, fifteen died. Very little additional care would have prevented all the suffering of these patients, and the death of the fifteen.

One very great source of disease I believe to be the imperfect cleaning and careless fumigation of rooms in which persons have been nursed—and, perhaps, died—with some infectious disease. This, I think, is very often the case with diphtheria. The germs of the disease are left in clothing or bedding, and as soon as the other children in the family are exposed, the disease breaks out afresh.

A case of this kind came under my notice only a few months ago. One child died of malignant diphtheria, and the family were instructed how to have the room thoroughly fumigated with sulphur.

After ten days had passed, the children, who had been absent, were brought home, and in ten days after their return one of them was taken down with the disease. Upon enquiring I found that some of the very bed-clothing that had covered the first patient had been used to cover the other children after their return home. The bed-clothing had not even been washed. As might have been expected, one of the other children was taken sick and died of the most malignant form of diphtheria.

The poison of scarlet fever is, perhaps, more tenacious than that of diphtheria, and at times it seems impossible to get rid of the contagious germs that are left in the room and furniture. One instance in particular I remember, where a cradle had apparently been disinfected, but just ten days after this same cradle had been brought into use, having been put away for over two years, the child using it was taken sick with scarlet fever. As much, or even greater, care is required to stamp out some forms of malignant scarlet fever as is needed to get rid of small-pox, and, on the other hand, often only one child will take the

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disease (scarlet fever) when there are others in the family who under the circumstances are constantly exposed, and yet escape.

One very serious case of malignant scarlet fever came under my notice last winter. The father had contracted the disease from visiting some neighbor's house, and was very sick himself. The amount of desquamation was enormous. The family would not properly disinfect the house, and the room which the patient occupied was not fumigated—the result being that two children were taken with the disease, one of whom died.

There is so little definite understanding amongst the people as to the urgent necessity of proper disinfection and thorough fumigation that it seems to me it would be the right thing to do for the State Boards of Health to publish proper pamphlets on this subject and distribute them free *every year.** To do so just once is not enough; a constant reminder is necessary, and the winter season is perhaps the best for this work.

The plan I advise, generally, is about as follows: After the convalescent patient has left the sick-room it ought to be thoroughly cleaned; everything being removed, the empty room should have its windows closed, and then on a thick layer of sand should be placed a red-hot iron plate or an ash-pan with red-hot charcoal, and upon it some "stick" sulphur; three pounds will be sufficient for a room of ordinary size. The fumes of the sulphur then fill the room, which should be kept closed for 24 hours. After that, it ought to be scrubbed out thoroughly, and the process of fumigation be repeated. This done, the windows should be opened for a couple of days before the room is occupied.

If the disease was very malignant, the wood work should be re-painted and the ceiling white-washed.

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*The Michigan State Board of Health, under the direction of its very efficient secretary, has for years done excellent work of this sort, freely and repeatedly scattering all over the State instructions well calculated to answer the purpose specified by our contributor. Physicians everywhere owe it to the community at large to secure the establishment in their own State of a State Board of Health, and they should make every effort in their power to contribute to the success of this important work by calling the attention of the public to its necessity, by using every effort to insure from their respective legislatures ample provisions for its maintenance, and by doing all in their power to see enforced the regulations and provisions of such boards.—[H. R. A.]

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The articles which are in the room might remain over the first fumigation, and then be thoroughly exposed to the air out of doors. All feather-beds and mattresses should be cleaned and made over again. Things of not much value should be burnt. Books should be well aired, or thoroughly shaken over some fuming disinfectant. Should the patient die, then the corpse is to be washed with a strong solution of carbolic acid, placed in the coffin as soon as possible, with disinfectants both under and above it, and the coffin-lid screwed down at once. The funeral should take place without delay.

To place flowers on or about the corpse, and then take them home, is simply to expose every person in the house to the danger of contracting the disease. It should not be allowed. No friends should be allowed to attend the funeral; it should be strictly private.

Such are some of the measures to be carried out when once a contagious disease has entered a house. It is not sufficient for the physician to see the patient merely through the fever in scarlatina, small-pox, diphtheria or typhus; the *most infectious period is that of early convalescence.* Such convalescents should be kept away from the healthy until the last scab has fallen off in small-pox, and until the last particle of skin has exfoliated and come away in scarlatina.

The medical attendant should use every precaution to disinfect himself after visiting a patient suffering from a contagious disease.

Wherever it is practicable, these cases should be seen last —after all other patients have been visited. A rubber coat should be worn which can easily be sponged off with a disinfectant. The hands, face and beard should be thoroughly washed and disinfected. The same precaution should be used with the nurses. Whenever it is practicable, a day and night nurse should be hired; and they should both be required to change their clothes and thoroughly disinfect themselves before leaving the house or mixing with other members of the household.

With the carrying out of the above plan, burning all infected clothing, carpets, and everything that is likely to retain the poison, the spread of these malignant diseases can often be prevented, besides saving many lives and untold suffering.

W. J. HARRIS, M. D., ST. LOUIS, MO.

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GYNÆCOLOGY AND PÆDOLOGY.

GYNÆCOLOGICAL CLINIQUE, HOM. MED. COL., U. OF M.

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY HATTIE M. SWATHEL, CLINICAL REPORTER.

The first case I have to present to you this morning is one of peculiar interest, owing to both the pathological lesion for the relief of which the patient has come to us and to the fact that she suffered for eighteen years before falling into the hands of a physician who had sufficient good sense to recognize the difficulty and to recommend an operation. The patient is sent to us through the kindness of Dr. L. S. Porter, of Vernon, Mich., and has the following history: Mrs. S., aet. 45, residing in Vernon, Mich. Her mother is still living, and her father died of paralysis some years ago. She has been married 26 years, and has given birth to three children, the oldest being 25 years of age, and the youngest 10. She dates her present trouble from the birth of her second child, 18 years ago, which was an exceedingly hard labor of two and a half days' duration. There has been more or less incontinence of urine up to the present time, from which fact she has been led to believe that a "rupture of the bladder" is present. An abnormal growth of some kind was detected by herself a few days after labor, at the mouth of the vagina, which at first was not larger than a hazelnut, but is now as large as a full-sized pullet's egg. She has never been free from pain during urination, and the dysuria is much worse after active exercise of any kind, especially after lifting. The growth is exquisitely sensitive and tender, bleeds readily, and sometimes a muco-purulent matter escapes either from the surface of the tumor or from the vagina above, which is nearly occluded by it. A dozen, or more, physicians have been consulted, some of them endeavoring to both diagnose and treat the disease without resorting to an examination; those who did make an examination were unable to afford either relief or a correct diagnosis. The most cruel and barbarous of all the expedients resorted to was that of a "celebrated corpse of physicians" in the State who, believing it to be a prolapsed cervix, applied a McIntosh supporter, which, of course, only aggravated the difficulty and caused the most excruciating suf-

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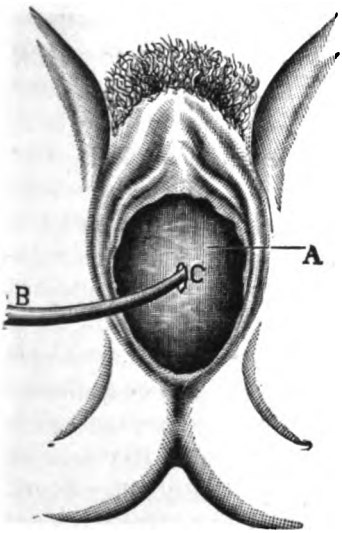
fering. You will observe from the patient's countenance, from her haggard look and emaciated appearance, that she is not in the least exaggerating the pain to which she is constantly subjected.

We will now make a careful examination. Here, as you see, in the region of the urethra, is a growth, quite as large as she described. You see that upon being handled it is so sensitive that it is impossible to make a thorough examination without resorting to an anæsthetic. Having her under the influence of chloroform, I am now able to sweep my finger around the excresence, whatever it may be, and, without very much difficulty, am able to touch the cervix uteri, which is somewhat lower in the pelvis than normal, but has no connection whatever with the tumor. I should feel very sorry if one of our first-year-students could not have determined this fact. I am unable to feel anything at the base of the tumor—which seems at least an inch and a half in diameter—resembling in any way the external meatus of the urethra. By gently passing the catheter into what seems to be nothing more than a fissure upon the apex of the growth, it extends through its centre into the bladder without meeting any obstruction. What, then, is the diagnosis? The only diseases of this locality which in any way resemble this growth are, prolapsus of the mucous and submucous tissue of the urethra, irritable caruncle, urethral polypus and venous angioma. I am inclined to think it the first of these, for the following reasons: Its origin dates from a severe and, protracted labor 18 years ago, and a prolapse of the urethra is very apt to be a sequel of child-bearing, the tissues having been forced into the urethra from behind, and crowded as a plug by the child's head as it advances. The roseate projection completely surrounds the



A. Tumor. B. Catheter, introduced into urethral orifice (C.)

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canal, which it does not in any of the other conditions. The excruciating pain is more characteristic of caruncle than of prolapsus—indeed prolapsus is not ordinarily painful—yet it may from long-continued irritation become quite as sensitive as a caruncle. Urethral venous angioma and urethral polypi are never sensitive. The difficult and painful micturition, leucorrhœa, and irritation of the vulva are symptoms incident to any and all formations which, from their sensitive nature and mechanical interference, cause pain or obstruct the flow of urine, and are, therefore, of no diagnostic value whatever; nor are the cystitis and urethritis, for they are likewise the inevitable sequences of long-continued obstruction to the flow of urine, whatever may be its nature.

Although a prolapsus of the mucous and sub-mucous urethral tissue to this degree is of rare occurence, its existence in a minor degree is not by any means so unfrequent. The mucous membrane and sub-mucous tissue become split or lacerated in the long axis of the passage as the urethra is squeezed between the arch of the pubes and the fœtal head, and the textures being in abundance, and free to a great extent, can be rolled out from the urethra in the same manner as the rectal canal is rolled out from the anus. The slight degree of prolapse in many of these cases is indicated only by the deeper red color of the urethral surface presenting at the outlet, for the retraction incident to cicatrization prevents a more serious one. Troublesome symptoms do not always immediately follow the injury, and the patient may not be conscious of the accident for some weeks or months afterwards, when the unnatural sensations are often attributed to some displacement or lesion of the uterus. Usually, however, the trouble can be traced back to some particular labor after which the pain and uneasiness was experienced at the neck of the bladder for the first time. An examination made a little later on will reveal a prolapse at the outlet of the urethra, occupying the entire circumference of the canal or only implicating the upper or lower portion of the orifice.

Again, the condition is induced by the tenesmus incident to a chronic cellulitis or a fissure of the anus, when it becomes necessary to direct the treatment to the primary lesion. Where

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the prolapse is not very great, it will oftentimes disappear after the inflammatory deposit is removed or when the point of reflex irritation in the rectum is destroyed by dividing the fissure. But in the case of Mrs. S. it is quite impossible to do otherwise than remove the entire growth, for the hypertrophy resulting from a proliferation of the underlying connective tissue precludes the possibility of any other methods. Emmett condemns the removal of the mass in the circular variety of prolapse, under ordinary circumstances. He says that many times only a temporary benefit will result from its removal, and the ultimate consequences are a most serious and permanent constriction of the canal. He proposes to reduce the hypertrophied tissues by first making an artificial vesico-vaginal fistula., thus diverting the flow of urine from its natural outlet. Then, by the aid of a steel or block tin sound, he carefully returns the prolapsed tissues which are made to contract by the application of the strong tincture of iodine applied through a conical ear speculum or some similar instrument. After the urethra is restored as nearly to its normal condition as is possible by this treatment, he then performs an operation for the radical cure of the prolapse in this way: A button-hole slit is made in the urethra through which the super-abundant tissue is drawn back from the meatus, secured in the edges, and cut off, after which the opening is closed. The simile which he gives, and it is a very good one, is that of "drawing a portion of a handkerchief through the button-hole in a coat, all being drawn through except the portion grasped by the hand on the other side." This is unquestionably the better way to operate when it is possible to do so, but I do not believe that we have any means at our command capable of so reducing the hypertrophy in the present case, or to make Emmett's operation possible, for the prolapse is of such long duration that the tissues have become, so to speak, heterologous. The only alternative, therefore, is its complete removal.

There are several methods of operating, the simplest of which is to seize the prolapsed portion with tenacula or tooth-forceps, while the patient is anæsthetized, drawing it down with very little force, and cutting it off. I am afraid that the resulting hæmorrhage in this case would be greater than could

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be controlled by our ordinary styptics. The ingenious method suggested by Seguin is a very good one, the only objection being that it subjects the patient to an operation requiring a good deal of time for its ultimate completion. It consists in introducing a female catheter into the bladder, after which a ligature is thrown around the base of the tumor so as to strangulate it entirely. The catheter is not withdrawn until the base of the tumor is entirely severed. Thomas has suggested that a better way would be to remove the mass with the galvano-caustic wire while the catheter is in situ, preventing retraction of the tissues by keeping it in the bladder for some days after the operation. I think, however, that the safer, and therefore better, way is to treat it as we would hæmorrhoids. by first cutting around the base through the mucous tissue and then ligating it in two sections, after which the tissue is cut off close to the ligature; or in simply passing a double silk ligature through its base, tying in two halves and then cutting, which is the operation I shall perform at the present time. Should there be a future return of the prolapse, then Emmett's button-hole operation can be resorted to before the redundancy of tissue becomes so great as to make the radical operation an impossibility.

NOTE.—The patient experienced immediate relief from the many distressing symptoms that had made her life miserable for so many years. She immediately began to gain in flesh and improve in every particular, so that at the end of two weeks she returned home feeling much better than she had in years.

COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

ALUMNI OF THE HOMŒOPATHIC MEDICAL COLLEGE OF UNIVERSITY OF MICHIGAN.

E. E. Adams,	'77,	Romeo, Mich.
F. B. Adams,	'84,	Plymouth, Mich.
H. G. Allen,	'84,	Ishpeming, Mich.
A. B. Allyn,	'79,	?
A. L. Ambrose,	'82,	Hanover, Mich.
Amelia M. Atkins, '78,	(now Mrs. U. C. Whitfield)	Dakota.
M. P. Austin,	'81,	Minneapolis, Minn.

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E. E. Austin,	'84,	Minneapolis, Minn.
A. B. Avery,	'78,	Pontiac, Mich.
M. N. Avery,	'81,	Niles, Mich.
A. H. Babcock,	'79,	Randolph, N. Y.
George Blachford,	'84,	?
E. J. Bissel,	'83,	Rochester, N. Y.
C. H. Blackburn,	'83,	Shreveport, La.
Emma E. Bower,	'83,	Detroit, Mich.
H. K. Brasted,	'80,	Howard, N. Y.
J. D. Baker,	'78,	Stanton, Mich.
Samuel A. Brown,	'80,	?
E. D. Brooks,	'85,	Ann Arbor, Mich.
E. C. Brown,	'80,	Cambria, Cal.
P. H. Bumpus,	'77,	Albion, Mich.
C. H. Brucker,	'82,	South Lyon, Mich.
S. E. Burchfield,	'81,	?
Juliet Caldwell,	'77,	123 Lincoln ave. Chicago.
F. A. Cameron,	'84,	Clinton, Mich.
Evelyn A. Churchill,	'82,	Newton, Kansas.
H. W. Champlin,	'81,	Chelsea, Mich.
H. L. Clark,	'82,	?
H. R. Clark,	'80,	Beloit, Wis.
Sarah J. Coe,	'78,	?
John Coolidge,	'79,	Plymouth, Pa.
D. P. Cook,	'81,	Clay Center, Kan.
E. U. Cooper,	'79,	?
W. D. Cooper,	'83,	Wayne, Mich.
H. M. Correy,	'78,	Waverly, N. Y.
J. P. Dake, Jr.,	'79,	Nashville, Tenn.
Chas. H. Dale,	'77,	Springport. Mich.
William H. Davis,	'82,	Lincoln, Neb.
Jno. H. DeMay,	'79,	Ithaca, Mich.
Clark DeMuth,	'78,	Plymouth, Mich. (?)
R. G. DePuy,	'81,	Jamestown, Dak.
Jno. W. Dill,	'79,	Benton, Kan.
Mary T. Dill,	'79,	Benton, Kan.
J. B. Dodge,	'80,	Mason, Mich.
A. S. Dolan,	'82,	Ionia, Mich.
G. W. Dreher,	'81,	Norwalk, Ohio.
Anna E. P. Eastman,	'79,	Greely, Col.
Sarah P. Engle,	'77,	Detroit, Mich.
Olive P. Eddy,	'82,	Norwalk, Ohio.
P. H. Evans,	'80,	Middleville, Mich.
Amanda J. Evans,	'80,	Middleville, Mich.
Benedict Einarson,	'82,	White Cloud, Mich.
J. H. Enloe,	'79,	Nashville, Tenn.
Peter Erb,	'79,	Buffalo, N. Y.
Lottie E. Fitzgerald,	'79,	Ann Arbor, Mich.
J. F. Flint,	'81,	?
William A. Franklin,	'78,	Fall River, Wis.

E. A. Fisher '81, Hotel Berwick, Columbus Ave, Boston, Mass.

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Phoebe Ann French,	'79,	Grand Rapids, Mich.
W. A. Frost,	'80,	Sylvania, Ohio.
J. G. Garmon,	'77,	Hastings, Neb.
L. E. Gallup,	'79,	Marshall, Mich.
F. M. Gibson,	'84,	Minneapolis, Minn.
M. E. Graham,	'78,	Honeoye Falls, N. Y. (?)
George E. Gray,	'80,	South Pueble, Col.
A. R. Halstead,	'81,	?
F. O Hart,	'84,	West Unity, Ohio.
O. S. Hartson,	'79,	Parma, Mich.
Louisa M. Hays,	'84,	Minneapolis, Minn.
T. L. Hazard,	'83,	Anamosa, Ia.
R. Celia Henderson,	'80,	?
Susan M. Hicks,	'83,	Atlanta, Ga.
Florence B. Holden,	'81,	?
J. O. Hoffman,	'83,	Latimer, Pa.
W. J. Howard,	'82,	Stevens Point, Wis.
E. E. Hoit,	'78,	Minneapolis, Minn.
C. S. Hubbard,	'77,	Buffalo, N. Y.
C. C. Huff,	'81,	Huron, Dak.
F. D. Hendrick,	'81,	?
John Hunter,	'82,	Olathe, Kan.
C. S. Hunting,	'82,	Des Moines, Ia.
M. L. Huntington,	'83,	Pewaukee, Wis.
R. J. Hyde,	'84,	Eaton Rapids, Mich.
J. B. Hubbell,	'83,	?
F. A. Johnson,	'84,	West Bay City, Mich.
C. L. Johnson,	'84,	Georgetown, Ky.
W. C. Jones,	'80,	Yorktown, Ill.
Thos. J. Jackson,	'80,	Flint, Mich.
W. O. Jacobi,	'85,	Ludington, Mich.
Mrs. W. O. Jacobi,	'85,	Ludington, Mich.
W. B. Knapp,	'78,	Grass Lake, Mich.
H. C. Kasselman,	'83,	Midway, Ky.
Lavina D. Lambert,	'81,	San Jose, Cal.
Anna L. Laub,	'83,	Valparaiso, Ind.
J. Kate Laub, '84, (Mrs. Perkins)		Boston, Mass.
Jno. M. Lee,	'78,	Palo, Mich.
Mary L. Lines,	'84,	Brooklyn, N. Y.
Albert Lodge,	'79,	Detroit, Mich.
Edwin A. Lodge,	'79,	Detroit, Mich.
C. D. Long,	'84,	Adrian, Mich.
H. M. Lufkin,	'83,	Normal, Ill.
John S. Martin,	'78,	Galesburg, Mich.
D. A. McLachlan,	'79,	Ann Arbor, Mich.
I. A. Leighton,	'85,	Boulder City, Montana.
J. S. Mead,	'83,	Vicksburg, Mich.
Chas. P. Miller,	'77,	Fort Collins, Col.
H. L. Miller,	'81,	Otsego, Mich.
Jno. J. Miller,	'80,	Otsego, Mich.
S. S. Muffatt,	'78,	?

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Addison Morgan,	'81,	San Diego, Cal.
James T. Martin,	'83,	?
C. O. Munns,	'84,	Oxford, Ohio.
R. C. Olin,	'77,	Detroit, Mich.
Israel Ohlinger,	'78,	Aurelius, Mich.
C. O. Padley,	'79,	Pratt's Hollow, N. Y.
W. B. Page,	'83,	Smithton, Mo.
C. H. Penniman,	'81,	?
W. P. Polhemus,	'81,	Hastings, Mich.
T. O. Potter,	'81,	Holton, Mich.
W. H. Rand,	'77,	Charlotte, Mich.
Elise J. Ray,	'79,	Findlay, Ohio.
M. C. Reeves,	'83,	Cleburne, Tex.
L. B. Richards,	'81,	?
Grace Roberts,	'78,	420 C. St., Washington, D. C.
S. C. Ross,	'81,	?
A. H. Rogers,	'77,	Plankington, Dak.
Fred Ruggles,	'81,	Byron, Mich.
P. P. Sanborn,	'85,	Fremont, Ind.
W. H. Sawyer,	'84,	Hillsdale, Mich.
J. R. Shank,	'84,	Bay City, Mich.
Emma F. Schreiner,	'80,	2135 N. 20th St., Phila., Pa.
E. C. Storey,	'78,	Greenville, Mich.
Emma M. Snyder,	'80,	Newark, N. J.
Emeline Trauner,	'80,	?
George A. Taylor,	'77,	Victoria, N. Y.
E. P. Thatcher,	'81,	?
F. R. Timmerman,	'80,	Hastings, Mich.
Genevieve Tucker,	'80,	Nashua, Ia.
Thomas H. Turner,	'82,	?
L. U. Tuttle,	'84,	Ionia, Mich.
F. H. Tyler,	'80,	Mt. Pleasant, Mich.
W. E. Vananda,	'82,	?
J. W. Vidal,	'82,	Valley City, Dak.
C. M. Waelder,	'79,	Hannibal, Mo.
W. J. Wallace,	'84,	?
S. E. Warner,	'78,	Deceased.
Chas. E. Walker,	'78,	West Henrietta.
Jane A. Walker,	'82,	Salem, Mich.
Carrie G. Watres,	'83,	Minneapolis, Minn.
William Watts,	'78,	West Toledo, Ohio.
E. M. Webster,	'78,	Put-in-Bay, Ohio.
A. R. Wheeler,	'79,	St. Louis, Mich.
J. F. Wheelock,	'78,	Bancroft, Mich.
Frank U. White,	'78,	Romeo, Mich.
R. Cynthia Wilder,	'84,	Adrian, Mich.
A. J. Williams,	'80,	?
Chas. G. Wilson,	'82,	Clarksville, Tenn.
A. H. Winslow,	'79,	Petoskey, Mich.
Frances M. Wright,	'78,	Farmington, Pa.
J. C. Wood,	'79,	Ann Arbor, Mich.

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At the regular meeting of the Hahnemannian Society, Jan. 13, 1886, the following resolutions were adopted:

WHEREAS, In the resignation of Prof. T. P. Wilson from the faculty of this department, and as president of this society, a position which he has occupied for several years with ability and honor, we feel that we have lost an able teacher and an efficient president;

WHEREAS, During his long connection with this society as its president, by his uniform kindness and his willingness to sacrifice his personal convenience to further its interests, he awakened a filial affection in the hearts of its members; be it

Resolved, That we, the members of the Hahnemannian Society, do hereby express our deep regret that his prolonged illness has necessitated his taking such a step.

Resolved, That in the future, as in the past, he will ever be held in the highest regard and esteem by the members of this society.

Resolved, That it is our sincere hope and heartfelt desire that he may soon be restored to his former health and usefulness.

Resolved, That a copy of these resolutions be presented to Prof. Wilson, spread upon the minutes of this society, and published in the COUNSELOR and other college journals.

E. H. POND,
HARRIET M. SWATHEL,
G. G. CARON,
Committee.

The following gifts and donations have been made to the University during the past year: The Lewis Gallery of Art, consisting of nearly seven hundred paintings and pieces of statuary, bequeathed by the late H. C. Lewis, of Coldwater, Mich.; the entire Chinese Exhibit which was displayed at the New Orleans Exposition, presented by the Chinese Government; five thousand volumes of law books, given by Christian H. Buhl, of Detroit, to be added to the Law Library; four hundred valuable and unique volumes, purchased and donated by James McMillan, of Detroit, to be added to the Shakespeare Library; five hundred dollars, given by an alumnus of the University, for beginning a Dramatic Library; the gift from Randolph Rogers, the eminent sculptor, of his entire collection of over seventy models and casts of busts, statues and monuments; a life-size portrait in oil of the late Gov. Bagley, presented by Mrs. Bagley; a cast of a collossal statue of Niobe, presented by the members of the class of '85, as a memorial of their classmate, Frank K. Ferguson. In addition to the above many other minor gifts were made to the various museums.

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MISCELLANY.

OBITUARY NOTICES.

Ernest A. Farrington, M. D,, December 17, 1885, died at his home in Philadelphia, of general tuberculosis. Dr. Farrington, for a man of his years (he was born on January 1st, 1847) had made an extensive reputation as a very thorough student of materia medica, and his loss will be severely felt throughout the profession.

Edward C. Franklin, M. D., of St. Louis, Mo., died very suddenly on December 10, 1885, at his home. Dr. Franklin for very many years was closely identified with the growth of our school, particularly in his special field of labor, surgery. He was a pupil of Dr. Valentine Mott, for whom he ever cherished a profound admiration. He published one of the earliest surgical works of our school, was an active college man during a great part of his professional career, and a conspicuous figure at the gatherings of the American Institute and of the Western Academy of Homœopathy. He was so organized that he made warm friends and bitter enemies, and in his earnestness, bluntness and impetuosity presented many characteristics of the typical "western man." His death was wholly unexpected and instantaneous. Those who knew him well in life will long remember the many very excellent traits of his character, and trust that "after life's long and fitful fever he sleeps well." The faculty of the Homœopathic Medical College of the University of Michigan, of which deceased for several years was a member, passed appropriate resolutions, embodying expressions of regret at the death of their former colleague.

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC MEDICAL COLLEGE,
December 23rd, 1885.

WHEREAS, The Faculty of the Homœopathic Medical College of the University of Michigan have learned of the death of Dr. E. C. Franklin, at one time a member of the Faculty and its Dean; and

WHEREAS, The members of the Faculty, individually and collectively, remember with pleasure their associations with the deceased, his warm, unselfish interest in the welfare of this school, and his unfaltering conviction that this college would eventually attain a position of the greatest possible usefulness to the profession; and

WHEREAS, This Faculty recall in grateful acknowledgement the eminent services rendered by their late colleague in every effort to advance the interests of homœopathy and to demonstrate as practitioner and teacher the superiority of the homœopathic law of cure, therefore,

Resolved, That in the death of Dr. E. C. Franklin we, mourning the departure of a friend, also recognize the loss to the profession of an able practitioner, and to the homœopathic school of a warm advocate and an intrepid defender of its teachings; that we shall ever cherish in tenderness his memory and shall not forget his labors to promote at all times the interests of a cause which he embraced in the flush of his early manhood, and which he zealously upheld throughout an active and eminently useful life.

H. L. OBETZ,
H. R. ARNDT,
J. C. WOOD,
D. J. M'GUIRE,
D. A. MCLACHLAN.

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MEMORANDA.

The "Homœopathic Journal of Obstetrics, Gynæocology and Pædology" is to be congratulated upon coming under the editorial control of our friend, Dr. Phil Porter, of Detroit, who at the same time retires from the management of the Gynæcological department of the "Medical Advance." Dr. Danforth, of New York, will have more immediate charge of the obstetrical pages of the first-named journal. Dr. Porter is rapidly making an enviable reputation in his specialty, both as operator and writer, and may be sure in all he undertakes of the very best wishes of his colleages at Ann Arbor.

Lucius D. Morse, of Memphis, Tenn., is spending the winter on the European Continent. He is now viewing the beauties of Paris.

The 3d volume of the work on "Practice" is passing through the press and will soon be in the hands of the binders.

German journals are beginning to feel doubtful concerning the infallibility of M. Pasteur's preventive treatment of hydrophobia.

A German medical monthly, "New Yorker Medizinische Presse," has just been established in the metropolis. It contains 48 pp. of reading matter, is edited by Dr. G. W. Rachel, and among its contributors has Dr. Paul F. Munde, D. B. St. John Roosa, S. Kohn, and other well-known names.

An organization has been perfected, in New York, articles of incorporation having been filed, to carry out M. Pasteur's method.

Mr. Am Ende, the unfortunate Brooklyn, N.Y., druggist who, by a mistake in preparing a prescription, became the means of killing two young ladies, in consequence of which he made an unsuccessful attempt at self-destruction, has just been promptly acquitted by a jury. It is stated that the verdict was received "with cheers." The reputation of Mr. Am Ende has always been that of a most examplary and skilled druggist, and the accident excited very general and profound sympathy. At the same time, it is well not to lose sight of the fact that, after all, nothing but carelessness, even though in one habitually careful, led to the death of two young girls having before them every prospect of long life and of a bright future, and to inquire if the precedent set by this jury is to be followed in similar cases which may arise from time to time.

Patient comes in. Homœopathic Doctor, (after a short conversation) takes a little powder from a jar and says to the patient: "Smell that—now you're cured." Patient says: "Doctor, how much do I owe you?" Doctor says: "Twenty dollars." Patient takes out a twenty dollar bill and says: "Smell that—now you're paid." ("Am. Druggist.")

The Homœopathic Medical School at Calcutta, India, is attended by seventy-five students; lectures are given on materia medica, therapeutics, diseases of women, practice of medicine, and hygiene.

In this number we give the list of the Alumni of the Homœopathic department of the University, as appears upon the records belonging to the department and to the Steward of the University. Doubtless, there are many mistakes in addresses as well as in names, and it would be regarded as a special favor from any one recognizing such mistakes if he will send us a card suggesting corrections.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3063, Ann Arbor, Michigan,

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EDITORIAL CHAT.

Certain portions of the President's address, delivered before the American Institute of Homœopathy, (session of 1885) by Dr. T. F. Allen, of New York, and the statement made by him to the effect that the use of low potencies has in his practice proved more satisfactory than the employment of the high attenuations, still continue to furnish material for editorial comments in nearly all journals, and serve as the text for the most edifying sermons, delivered in season and out of season, opportune and inopportune, as the case may be.

The high position held by Prof. T. F. Allen in the profession, his many years of active service as a practitioner, teacher, and critical student; his well-known and extensive acquaintance with the entire literature of the homœopathic materia medica, and especially to symptomatology; his equally well-known uncompromising fidelity to his profession of belief in Hahnemann's law of cure,—all these lend considerable interest to any statement coming from him bearing upon homœopathic principles or practice.

When this statement involves an explicit retraction of opinions previously, repeatedly, and unqualifiedly expressed, and upon points of doctrine closely touching the daily practice of every member of the profession, it is not surprising that it should arrest the attention of all, and provoke thorough discussion.

The possession of sufficient moral courage to frankly avow a complete revulsion of belief, of opinion, and to admit that a

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position for years firmly maintained to be unassailable was a false one, is undoubtedly in the highest degree creditable to any man. There are a few persons, it is true, so helplessly bigoted —and not unfrequently so helplessly ignorant—that to them a change of opinion seems utterly impossible, not only as it applies to themselves, but to others as well. To the average honest seeker after truth daily study and observation bring so many facts in continuous order which necessitate a modification of views held and cherished. that there is practically nothing out of the common order of things to hear from a neighbor's lips the avowal of a change of position or of faith. Prof. T. F. Allen, therefore, only proves himself a man of thought, one capable of continuous intellectual development, by giving unmistakable evidence of growth in the avowal of newly formed conclusions; he proves himself a man of prudence in that he shows those newly proclaimed opinions to be the result, not of a moment's impulse, but of years of close and searching study, and one of thorough honesty in that he does not count the *cost* of this change of position, but states the facts as they are, letting the consequences take care of themselves.

There is, however, nothing startling in Dr. T. F. Allen's failure to obtain proof of any sort that it is within the power of the high attenuations of drugs to characteristically affect the healthy human organism; neither does the fact create surprise that he obtains better results from the exhibition in the sick-room of the lower attenuations of drugs than he did from the employment of the higher "potencies" so-called.

Many others, starting in professional life with full confidence in the sick-making and in the curative powers of high attenuations have been forced to the conclusion that the former, the sick-*making*, properties of high attenuations are a myth, and that the curative powers of a drug are, *as a rule*, limited to the more material (?) preparations. The notable features of Dr. T. F. Allen's recent indorsement of the views held by the great body of the American Institute of Homœopathy and of the profession, are simply the peculiar circumstances which surround him and which in his case necessitate the exercise of a goodly measure of independence and moral courage; furthermore, the great loss which the exclusive high-dilutionists suffer in this defection from their ranks.

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Since the *exclusive* high dilutionists and transcendentalists have at no time shown the slightest inclination to allow their neighbors and colaborers that freedom of opinion which is perfectly consistent with a faithful adherence to our law of cure, but, on the contrary, have ever denounced in the most unmeasured terms as arch-enemies of the truth all who in the treatment of the sick prefer moderation in the employment of attenuated drugs, and all who have felt the necessity of sifting from our symptomatology the fancied effects of high attenuations upon the healthy, it cannot in reason be expected that those who hold these latter convictions shall mourn at the present attitude of Prof. T. F. Allen. In fact, since the transcendentalists, by their intolerance and by their lack of good leadership, have done the cause of scientific homœopathy incalculable damage, the loss to them of a man like Dr. Allen becomes a source of satisfaction to all who have at heart the common good and the interests of the medical profession and of suffering humanity. A minority hesitating at nothing to secure their own triumph; throwing calumny and reproach upon all who claim the right to step outside of the narrow and shallow groove in which they themselves see fit to move; denouncing as gross materialists all who doubt the medicinal powers of potentized (?) snow, moonshine, and potato-peelings; stigmatising as mere pretenders all who seek to utilize in the practice of their profession the many valuable resources having no connection with any law of cure whatever, and at the command of every practitioner; proclaiming as ignoramuses all who fail to see the slightest connection between Hahnemann or homœopathy and the law of isopathy; denying the very possibility of progress in the science and art of medicine as it applies to homœopathy; hugging to their heart, as precious treasures, a perfect storehouse of worn-out, idle, untenable fancies which they have seen fit to label "cardinal principles of homœopathy,"—such a minority have no right to expect from their exceedingly patient and long-suffering colleagues any prayer save one for their speedy conversion or, if such conversion lie beyond the bounds of possibilities, the hope that in the course of time, and under the influence of a constantly advancing civilization, their numbers will so lessen as to take from them the power of doing further mischief.

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One point in connection with the published communication from Dr. T. F. Allen in which he briefly states his present practice deserves especial notice. We refer to the unqualified statement that he sees no occasion whatever, when using the 3d or 6th attenuation instead of the 200th, or higher, for going outside of the strictly homœopathic methods which he followed when a professed and exclusive high-dilutionist. It would not be necessary to lay particular stress upon this statement, had not our friends of the minority so constantly maintained, directly and by implication, that low-dilutionists do not practice homœopathically. Unless they take it for granted that Dr. T. F. Allen, by his change of opinion on the potency-question has forfeited all claims to respect and confidence, this assurance, coming from *him*, must receive an amount of consideration which has been persistently denied to similar statements coming from other sources.

WHAT THE PROFESSION NEEDS.—"A full one-half of the young men who come to Philadelphia to study medicine should be turned face about and sent to a village school. The place to intercept the incompetents is at the entrance of the medical schools, rather than at their exit."—*Dr. J. E. Garretson.* "The profession is now thoroughly awakened to the necessity of arresting the course of the schools that are annually sending forth thousands of improper persons to practice on the community. The diploma of schools should be beyond suspicion. The signatures should do more than convey the mere intelligence that the holder of a certain certificate has paid his money for two courses of lectures and thirty dollars for the engrossed parchment attesting the same. It does little more just now."—*New England Medical Monthly.*—(*The Medical Record.*)

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SURGERY.

SURGICAL CLINIQUE, HOM. MED. COLLEGE, U. OF M.

(SERVICE OF PROFESSOR H. L. OBETZ.)

REPORTED BY C. J. CARON, CLINICAL REPORTER TO THE CHAIR OF SURGERY.

Photograph of Tumor.

Result after Operation.

CAVERNOUS NÆVUS.—Ida May Johnson, (colored), aged 8 years. Presented in clinique, May 8th, 1883, by Dr. E. F. Chase, Dexter, Mich. Has an elongated tumor in upper lip, with the following history. At the age of 18 months she was suddenly taken with spasms, and had four in number. Eight or nine months after this, a little blue spot appeared on the edge of the lip, which has constantly increased in size, and is noticeably larger whenever she is sick. Four years ago the lump was removed by an eminent surgeon, but returned, and was again cut out by him a year later. The bleeding was very free at each of these operations, and the growth continued to increase in size without interruption.

Clinical Remarks.—In looking over the symptoms given, the spasms are prominently mentioned, though they probably had no connection with the part of the case which brings her here to-day. Let us examine the tumor and its special points, and see what light they throw on its nature. The tumor is soft and compressible when taken between the fingers, and almost disappears when the lip is elevated and gently pressed on.

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There is no pulsation in the tumor, and it gives her no pain. Its increase is continuous, and the tissues of which it is composed seem from the touch to be the same. On examining the mucous membrane it is very thin, and showing through the walls of the thin membrane is a congress of bluish vessels, in all probability consisting of veins.

Diagnosis.—Venous or Cavernous Nævus.

These tumors are usually congenital, though in this case it was not noticed by the mother until after she had attained her second year of age. It appeared as a blue patch, increasing steadily in size; its smooth, soft feeling, its diminishing on pressure and filling again when the pressure is removed, its clearly defined outline at the margin of the lip, the absence of pulsation and the very free bleeding when it was operated upon, all point to it as belonging to this class of vascular growths. It enlarges when she is sick, and her parents say they think at such times, too, her memory is not good. These points probably exist only in fancy, and do not aid us in any way; it is common, however, for these tumors to increase in size and become tense when the child cries; they do not grow large as a rule, but there are exceptions, of which this is one. The average is about the size of a common egg, and this is nearly double that size now. These tumors may contain cysts from plugging of portions of the veins, thus cutting off certain pouches, and again may spontaneously disappear from changes within their own substance. The walls of this one seem very thin, and in the general history of these growths it is not uncommon to hear of ulceration of the thin prominence and free hemorrhage as the result.

The patient comes to us for relief, and we shall now have to formulate a treatment.

Medicines used constitutionally, of course, could do no good in a case of this kind, and we must look wholly to mechanical means. There are many ways of removing or destroying these growths, and I shall mention the most prominent treatments now recommended. We may use the ligature, knife, caustics, or counter pressure, by which adhesive inflammation is produced in the substance, or this may be done by injection of perchloride of iron, or the irritation may be induced by puncture, electrolyssis, and, in fact, any way by which inflammation

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may be produced. As the parents desire no operation at this time, and as removal with the knife has failed, it seems to me that the most simple means should be tried first, and I will recommend continuous pressure by pledgets and adhesive plasters, or by elastic pressure, if this is found possible. The patient will return with Dr. Chase, and under his care the pressure will be tried.

Patient returned Oct. 10th, 1885.

History.—Pressure was not well borne, and case returned for further advice and treatment. The tumor is much larger than ever before, and now involves the whole lip, and Dr. Chase advises the parents to have it removed. They consent, and she is entered on the books of the hospital as a patient.

Clinical Remarks.—The tumor is now so large that little hope can be held out to the patient and friends that any expedient short of actual destruction of the entire mass will do any good. The caverns extend into the tissues of the cheek to an indefinite extent, and it appears at a glance that the ligature will not avail. The knife has been used, and we can profit by this and exclude a cutting operation. The tumor is too large to inject with iron, the hemorrhage would be too extensive from puncture, and we are forced to look to the actual cautery or caustic treatment as the only hope of relief. From a very similar case cited by Erichsen, in his recent Surgery Vol. 2, page 102, I am inclined to use the caustic as affording the best hope of relief. I shall use the same caustic used by Erichsen (potassa cum calce), but not in the same way. He used it in stick, applying it repeatedly, and as the sloughs separated, much hemorrhage was the result, which had to be controlled by pressure. I shall try the Vienna paste, made by mixing potash and lime in equal parts, allowing it to remain on the lip fifteen minutes, which is usually sufficient for it to exert its deep escharotic effect. I shall further have an escharotic at hand which is a styptic as well, so that, if the potassa should not completely destroy the caverns, and they should open and bleed, the second destroying agent will control the bleeding and finish the cauterization of the remaining caverns. I choose for this latter the chloride of zinc, and use it mixed with flour, two parts of the latter to one of the former. I now cut an opening in this

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adhesive strip large enough to allow the whole tumor to pass through, and apply it by putting the rubber side down, and after the tumor nests in its hole, fasten the ends to the sides of the face and thus invert and fasten the lip in this position. The tumor is now connected with the paste, another piece of adhesive laid over the space, and the patient sent to her ward under the constant care of a nurse, who will remove the paste at the end of fifteen minutes. The encircling adhesive strip of the best mole-skin plaster will limit the action of the caustic, and the nurse will have an acid at hand to neutralize any excess of alkali, should the eschar be found sufficiently extensive.

Oct. 14.—Ida brought before class; the eschar is hard and firm. Patient doing well.

The following history is related: On removing the Vienna paste, cauterization was by no means complete. Many of the caverns were opened, and the bleeding was very free. Pressure stopped the flow of blood, and the parts were covered with zinc chloride, and this allowed to remain two hours; eschar is the re sult.

Oct. 17.—Case shown. Progressing favorably. Line of demarcation forming.

Oct. 21.—Eschar fallen, with no hemorrhage. Dressing: lint and vaseline. Held in place by adhesive strips and bandage.

Oct. 24.—Granulating nicely, healing line well marked, and one graft from the skin on her father's arm placed in centre.

Oct 31.—Redressed, and pressure with adhesive straps applied. Doing exceedingly well. Allowed to go home.

Nov. 11.—Lip completely healed. Lip slightly notched at corner by contraction of eschar and action of muscles. Fraenun is dragged on a little. This can be relieved at any time by parting these structures. Discharged cured.

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THEORY AND PRACTICE OF MEDICINE.

TREATMENT OF DEMENTIA PARALYTICA; BY DR. P. JOUSSET.

(L'ART MÉDIDAL, MAY. 1885.

General essential paralysis constitutes a morbid species, and not, as it was believed before Bayly, a complication of insanity. This disease, anatomically characterized as a diffuse chronic meningo-encephalitis, belongs to the same class pathologically as locomotor ataxia, sclerose en plaque, and all affections which show as their lesion a chronic inflammation (sclerosis) of the cerebro-spinal axis.

We therefore define the general essential paralysis as a disease characterized by an alienation which from the start is accompanied by feebleness of the intellectual faculties, by general and progressive paralysis, and by atony of movements; its constant lesion is a diffuse meningo-encephalitis principally seated in the convex regions. There are certainly cases where the alienation does not show itself at all, save transitorily; dementia shows itself immediately, and progresses steadily with the paralysis; these are in reality the demented paralytics.

Here we have again a disease usually considered incurable, and still we possess proof of positive cures, as ten or twenty years have passed since the cessation of the malady. Some recovered wholly the integrity of their faculties; others are more or less improved. The principal remedies are: Sulfur, Veratrum, Causticum, Antimonium crudum, Arsenicum, the Solanaceæ, Opium, and Plumbum.

SULFUR corresponds to *monomania des grandeurs*, the characteristic symptom of general paralysis. The patient considers his rags magnificent clothing, and his pebbles gold or diamonds; weakness of the memory and of the intellectual powers; hasty or indistinct speech; ataxy; commencing paralysis. Dose, 12th and 30th.

VERATRUM ALBUM. This drug shows a great analogy to sulfur: monomania des grandeurs; he considers himself a prince; disgusting acts; eats his own fæces; weakening of intellect and memory; muscular debility and incomplete paralysis; especially useful during the period of agitation, with violence even to fury;

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he destroys his clothing, swears, sings, runs about and screams all night. Dose, low dilutions during the period of agitation; 6th and 12th when calm.

(Veratrum album often suits these mental affections in women, as we find among its clinical symptoms: imprudent behavior in childbed; religious melancholia, with despair of salvation, with suppressed catamenia or amorous frenzy, especially before menses; finally, imbecile taciturnity or complete prostration of mind and body.)

CAUSTICUM. Lypemania (melancholia sine delirio), deliria des grandeurs; commencing paralysis; stammering; weakening of the intellectual faculties. The epileptiform convulsions observed in some cases of general paralysis indicate particularly Causticum. Dose 12th and 30th.

(Imbecility before the epileptic fit; choreic movements; great restlessness, with desire to run away during the interval of epilepsy; mental ailments from long-lasting grief; faint-like sinking of strength; at night cannot lie still a moment. The symptom: disturbed functional activity of brain and spinal nerves, resulting in paralysis (Guiding Symptoms III, 433) indicates its use during the early stage, when sclerosis may yet be prevented. The drawing tearing pains through the whole body may give us another hint for Causticum.)

NUX VOMICA AND AURUM. Both these drugs are indicated at the beginning of general paralysis with lypemania. The close relation existing between hæmorrhoids and general paralysis points to Nux vomica at the beginning of the disease.

(The same functional disorders of the brain, ending finally in sclerotic meningo-encephalitis, lead the patient to excesses in Baccho et venere, and we know here the benefit of Nux. In the mental sphere we read: hyperæsthesia of the senses, nervous excitement and mental worry; inability for mental work; depression following over-stimulation. The ugliness and stubborn character of the nux patient is well-known.

Should syphilis or mercurio-syphilis be added to this functional cerebral affection, Aurum will come in nicely; though the patient may still be in fair physical health, we find mental dulness and weak memory; violent, gay, loquacious behavior, with exaltation of strength; a constant desire to be active, to

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move about; mood changing, cheerful or despondent; mental labor fatigues; continued sleeplessness. Symptoms of paralysis, however, are not found in metallic gold. May not an alternation of these two drugs, a dose of aurum in the morning, a dose of nux at night, be here excusable? We candidly acknowledge having done so, thus curing our patients. They were recent cases, and we only claim benefit for them at that early stage.)

THE SOLANACEÆ. BELLADONNA is indicated by the agitation with loquacity, singing, laughing, impulse to make grimmaces, alternating with fear, desire to bite and to strike, red face and beating carotids. *Stramonium* may be preferable when the fury is more intense, with muteness, and the physiognomy expresses the wickedness. Both may be indicated in apoplectiform and eclamptiform fits. Dose, first dilutions.

(Any one of the solanaceæ might be indicated as an intermediate remedy to tide the patient over the momentary trouble, but we cannot find many clear indications of these in the first stage of dementia paralytica.)

OPIUM may be indicated for the same symptoms; but the coma is more profound, the pulse very slow and full, the pupils contracted, instead of being dilated. Dose, the same.

(We have somewhat more confidence in opium, for we have here primarily a rioting hilarity with buffoonery and a subsequent angry, savage mood, ending in a drunken stupor which by frequent repetition may lead to complete dementia. It is a grand remedy in some cases for drunkards and precarious old people, as well as in real old age, and the numbness and insensibility is then only a precursor of the threatening apoplexy. Rightly applied, it may prevent dementia paralytica.)

PLUMBUM is useful when the convulsions become prolonged and, as it were, habitual. Dose, 6th to 30th.

(We consider plumbum one of our best remedies to prevent, and even to ameliorate, sclerosis in any organ—vide, cirrhosis renalis. We find here: imagines he hears voices; thinks he is to be shot or poisoned; frightful things chase him out of bed; maniacal rage with convulsions; sleeplessness; dry skin; followed by absence of mind and stupidity. But Hering gives us also: chronic meningitis, when the paralyzed parts soon fall

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away in flesh, the limbs become painfully contracted; paralytic weakness in extremities, especially in right side; hands and feet cold, total want of sweat; paralysis; preceded by mental derangement, trembling, spasms, or by shooting, tearing pains, emaciation, caused by apoplexy; sclerosis of the brain, or progressive muscular atrophy.)

TREAMENT OF DEMENTIA.

Dementia (amentia), weakening of the intellectual faculties, may appear in the course or at the close of diverse diseases: tumors in the brain, cerebral hæmorrhage, epilepsy, insanity, alcoholism. Very often it exists as a disease *per se*, and of this latter form alone do we intend to speak.

Essential dementia is characterized by diminution or more or less loss of the intellectual faculties; by a constant lesion, the more or less complete destruction of the nervous elements of the vertex of the brain, with or without atrophy of the convolutions. Though it is mostly incurable, there are yet drugs which may suspend its course or prevent grave accidents. The principal remedies are: belladonna, opium, anacardium, lycopodium, sulfur and carbon bisulfide (alcohol sulfuris; sulfur de carbone).

BELLADONNA. Principally useful in the treatment of congestions and cerebral hæmorrhages which often complicate dementia and hasten its fatal termination. The redness or paleness of the face, the beating carotids, *the frequency of the pulse and the dilatation of the pupils* give us precise indications. The eclamptiform attacks which may accompany the congestions or the meningeal hæmorrhages of dementia also indicate belladonna. It may become our first aid to combat the hemiplegia in consequence of cerebral hæmorrhage in cases of dementia. Dose, 3d to 30th.

OPIUM has nearly the same symptom-complex: the coma is more profound, the stertor more marked, *the pulse slow, and the pupil contracted.* Intellectual faculties are diminished, and memory lost. Frequent fits of stupor, anger and rage during a period of dementia and a loss of the sense of shame also indicate opium. Dose, 3d to 30th.

(It may be of value to compare the symptoms of opium

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with those of alcohol, as both give us primarily great mental and physical activity, with red face and glistening eyes; both give us more or less all the symptoms of delirium tremens, with feelings of fear and lamentations, and both in their secondary action give us the symptoms of complete insensibility and stupefaction. Alcohol deserves a closer study than it receives in relation to mental diseases, especially as its abuse contributes so much in producing the alienation.

We consider the insensibility to light more characteristic of opium than the contraction of the pupils, as in some cases dilatation was also observed, whereas we find in alcohol intoxication, with the pupils dilated, sluggish, rarely contracted (the reverse of opium). Just so we find in alcohol the pulse nearly always accelerated, sometimes small and empty, sometimes full and even rather hard, but usually frequent, while under opium the pulse is only primarily accelerated, and secondarily slow, full, and regular and soft, or laboring and intermittent.

ANACARDIUM is a traditional medicine in the treatment of dementia (confectio stultorum). It did me good service in the treatment of dementia with senile debility and loss of memory. Paralysis is very little marked in the history of this drug; it produces rather a moral insensibility and a kind of wickedness which is characteristic. Dose, 6th and 12th.

(It is one of the few drugs in whose pathogenesis *Anthropophobia* is characteristic; hence the supposition that he is surrounded by enemies, with presentiment of approaching misfortune, total absence of all religious and moral feelings, and in his helpless state of mind is apt to shoot himself; irresistible desire to curse and swear, as the devil in his ear urges him on to blasphemy; loss of will power; he feels as though he had two wills, one commanding to do what the other forbids; the headache of anacardium clearly shows the anæmic debility produced by this drug, as it is entirely relieved by eating and when lying down in bed at night, and during motion and work; the idiotic dementia, especially of senility, shows itself also in the tendency to choke when eating or drinking; weak digestion, and though there may be great desire for stool, with the effort the desire passes away, without an evacuation; the rectum seems powerless, with a sensation as if plugged up; the trembling weakness

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of the limbs and the incomplete palsy of the muscles subject to volition are too often found in the winter of life.)

LYCOPODIUM. The pathogenesis of lycopodium comprises the principal symptoms of dementia: feebleness of memory, confusion of ideas; thinking and reflecting becomes very difficult; but this drug is especially indicated in *aphasia*: the patient uses one word for another, he has lost the knowledge of names and the value of letters, he cannot even read what he has written. Dose, 12th and 30th dilutions.

(Lycopodium is another balm for the aged, but how different, and still how similar, are the mental symptoms, which are here of a milder character, because torpor is the prevailing quality of the mind. Old age often becomes avaricious; there is a want of self-confidence and a dread of being left alone, a fear of going to bed at night, or he hears some one in his room, he even mistrusts his own children, and in consequence thereof he is pusillanimous, nervous, irritable, and peevish. We also find fermentation and flatulency in the abdomen; the turbid, milky urine with its offensive, purulent sediment, and the impotence are proofs of great debility. Mind and body are decaying together.)

SULFUR. Dr. Hermal has published several cases of dementia in the treatment of which sulfur was useful. Its pathogenesis contains loss of memory, especially of names and recent events; difficulty of understanding; stupidity of features. Sorrowful ideas with suicidal impulses and involuntary haste in walking or in other motions. Dose, 12th to 30th.

(Everybody hates the smell of sulfur, and a sulfur patient hates even the exhalation of his own body; no wonder he wishes to be alone, for he feels a weakness all over, and especially in the gastric region, when anybody comes to see him. The abdominal venous lethargy also produces a mental lethargy, hence he can consume hours in doing nothing, and he might commit suicide if he were able to arouse himself up to do anything. "Too lazy to think, too lazy to act" is characteristic of sulfur.)

SULFUR DE CARBONE. Recent investigations render it probable that this drug may be useful when dementia alternates with excitation and becomes complicated with paralysis of the

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extensors and muscular atrophy. Impotence is one of the first symptoms produced by this drug. Dose, 6th and 12th.

(The carbonated hydrogen, C2 H4, gives us in its pathogenesis stronger hints to its use in dementia than the carbon bisulfide, CS2. Of the former we read in Allen (Encyclopædia II, 606), "Intellectual faculties a blank; confusion of mind; unconsciousness; deep coma; loss of muscular power; anæsthesia." Among the symptoms of this alcohol sulfuris we read (page 717): Symptoms resembling alcoholic intoxication, excitement of intellectual faculties followed by loss of memory and mental alienation; stupidity (secondary action); copious eructations and discharges of flatus; very offensive flatulence; impotence; dwindling in the limbs and of the whole muscular structure; painful weariness and prostration. Clinical verifications are still wanting.)

Hydrotherapy may be conjoined at the beginning of the disease, in young and vigorous patients.

SAMUEL LILIENTHAL, M. D., NEW YORK.

STRAMONIUM IN HYDROPHOBIA.—A correspondent of the London "Morning Post," says the "Medical Times and Gazette," relates the following: While I was residing at Chettespore, in Ganjam, not far from the cantonment of Berhampore, I was one night awoke by my head servant, who came to tell me that three of the stable-men had been bitten by a mad jackal. He begged me to send at once for a Brahmin residing at Ganjam, about four miles off, who was known to have saved the lives of many persons attacked with hydrophobia. The Brahmin came at daylight and administered a green pulp, which from its smell and its effect proclaimed itself as datura; he warned us to expect the paroxysm of delirium and stupor during the twenty-four hours, and enjoined abstinence from certain meats, but he would not divulge the nature of his remedy, nor was he willing to sell the secret. He assured me that the remedy was equally efficacious during the attack or as a preventative taken beforehand, and it is certain that he was universally believed to have cured numerous cases. The persons bitten were in my service for a year at least, and none of them were attacked." (*New York Medical Journal.*)

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GYNÆCOLOGY AND PÆDOLOGY.

GYNÆCOLOGICAL CLINIQUE, HOM. MED. COLL. U. OF M.

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY HATTIE M. SWATHEL CLINICAL REPORTER TO THE CHAIR OF GYNÆCOLOGY.

VILLOUS TUMOR OF THE RECTUM.—Miss F., aet. 23, Shelbyville, Mich. Miss F. comes to us for some difficulty of the rectum. When 14 years of age, she was operated on for what her physicians diagnosed as "hæm-orrhoids," up to which time her bowels were obstinately constipated. Since this operation the bowels have been inclined to looseness rather than constipation. The menses did not appear until five years later, when she presented herself at a well-known sanitarium in the state, for the purpose of having the "piles" removed for the second time. The surgeon in charge, upon eliciting symptoms pointing to retention of the menstrual flow, operated upon a congenital atresia of the cervix with the result of establishing the periodical flow and relieving the patient of the many bad symptoms incident to the retention. After this the tumors of the rectum were removed, and she was told, to use her own language, that they were "cancerous tumors." These tumors, whatever they may be, have again returned, and she is present this morning for the purpose of subjecting herself to an operation for the third time.

I examined the patient in the sub-clinique, and consider the case of sufficient interest to warrant presenting it to the entire class. She says that the tumor usually descends every time the bowels move, and sometimes when she is walking. Frequently a large quantity of hæmorrhage escapes from the rectum, and there is almost a constant discharge of *glairy mucus*, necessitating the wearing of a napkin a good share of the time, over which she does not have the slightest control. You will see that the patient is blanched and anaemic, which condition is readily accounted for by the drain upon the system from the excessive loss of blood and mucus. She also complains of a constant pain through the hips and back, and has an obstinate diurnal dysuria. This irritation of the urinary organs entirely subsides as soon as she falls asleep, but immediately returns upon awakening; this feature of the dysuria can readily be un-

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derstood when we remember that a rectal lesion involving any of the fibres of the pudic nerve may so act upon the bladder and urethra as to make the diagnosis of the original difficulty uncertain. In this case the nerves distributed to the region of the *trigonum vesicæ* are probably the ones made hyperæsthetic by the rectal lesion, the hyperæsthesia subsiding under the influence of sleep. I am of the opinion that the pains in the back, hips, and down the thighs, are to be explained upon the same reflex theory.

I directed the nurse to give her an enema before entering the amphitheatre, and, aided by voluntary efforts made by the patient, the growth is made to roll out of the anus. You will see that it consists of a peculiarly formed villous mass which is lobulated and of a spongy consistence. It has an angry, red appearance, indicating a high degree of vascularity. By inserting my finger into the intestine, I find that it is attached to the posterior wall of the rectum, about two and a half inches from the anus, by a flattened peduncle which is at least an inch in diameter. A pulsating artery is plainly felt in this attachment, which readily accounts for the excessive bleeding.

I think that this is evidently what the authorities have been pleased to term a "villous tumor of the rectum." The name is suggested by the peculiar shape and appearance, being entirely different from either hæmorrhoids or polypi. The peculiar glairy mucous discharge, resembling somewhat the white of an unboiled egg, is almost pathognomonic of the disease. The rarity of the affection makes it of more than ordinary interest. Quain, in his work, only records one case that had fallen under his observation. In the thousands of rectal diseases treated by Allingham he has never seen but 14 examples of the growth, and you may never meet another case; but if you do, I want you to be able to recognize it. The probabilities are that both of the previous operations were for the purpose of removing similar growths, as they are very apt to return after being removed, no matter how thoroughly the operation may have been done. Again, epithelioma not unfrequently follows in pathological succession, and the surgeon who performed the second operation was unquestionably familiar with the literature when he pronounced the diagnosis of "cancerous tumors."

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Sometimes they will shed themselves, after which the patient will enjoy good health for variable intervals, but many times, as is plainly shown by Allingham's records, the lesion develops into epithelioma, which soon involves the surrounding cellular tissue, death being the usual sequence.

I shall remove the growth by transfixing the peduncle with a double elastic ligature, allowing it to cut its way out, hoping by so doing to control the hæmorrhage without resorting to more radical measures. The house-surgeon, however, will be instructed to be prepared for secondary hæmorrhage should it occur. The patient will take Thuja 3ˣ, four times a day, as a constitutional remedy.

ATRESIA VACINÆ.—Apropos to the case just presented with a history of atresia of the cervix, here is a little patient, eight months of age, who is sent to us by her physician for the purpose of relieving either a congenital absence or an atresia of the vagina. Upon making an examination, you see that the opposing surfaces of the labia minora are united, except at a small opening above, through which the urine escapes. Atresia may be congenital, due to the non-development of some portion of the canal or its subsequent closure during fœtal life. It sometimes occurs at the outlet of the vagina in the form of an *atresia hymenalis*, where the hymen forms a continuous membrane which is thick and of an almost cartilaginous toughness, so as to make a spontaneous cure by rupture almost an utter impossibility. Should an anomaly of this kind not be corrected before the approach of puberty, the hymen will bulge forward from the distention of menstrual blood. When it occurs in the vagina proper, it is located either immediately behind the site of the hymen or at its middle or upper third. In some cases the vagina is simply represented by a fibrous chord, due to the non-development of the ducts of Müller.

Again, the atresia may be acquired as a result of superficial inflammation of the mucous membrane or cicatrizations received after injuries during childhood; typhus, scarlatina, smallpox, and cholera may likewise predispose to *atresia vaginalis* by impairing the vitality to a degree sufficient to cause sloughing. It is also an occasional sequel of labor, cicatrization closing the canal after an extensive injury.

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It is a fortunate thing when a malformation of this kind is detected during early childhood. When the obstruction is located higher up in the genital intestine, there will ordinarily be no bad symptoms resulting from it until retention of the menses gives rise to the various symptoms incident to the accident; or should there also be a congenital absence of the uterus, menstruation will never occur, and the condition may not attract attention until the patient undertakes to fulfill the marital relations. You are already familiar with the symptoms accompanying menstrual retention, and all that concerns us in the present case is to successfully form a new vagina or to break up the adhesion, if it be one of acquired atresia. The precautions to be observed in liberating retained menstrual blood are entirely unnecessary in a patient as young as this. Owing to the fact that it would be exceedingly difficult to introduce either the sound into the bladder or the finger into the rectum as guides in opening up the channel, I shall pass the grooved director through the small opening in the region of the urethra, and make the separation in the direction of the anus. By carefully dilating this artificial opening with the finger, I have succeeded in reaching the hymen, above which there is no obstruction. The raw surfaces must be kept apart until thoroughly healed by inserting carbolized lint between them. In adults, where atresia is detected before the appearance of menstrual phenomena, it is not considered necessary to make an artificial vagina, providing the uterus is also congenitally absent. This can ordinarily be determined by resorting to recto-abdominal or recto-vesical examination.

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KRUKENBERG: THE DIAGNOSIS OF HYSTERICAL PHANTOM TUMORS.

(ARCHIV FUER GYNÆCOL., XXIII., I.)

These tumors, not unfrequently severe in the hysterical, disappear under anæsthesia, and thereafter reappear. A sufficient explanation of the phenomenon is as yet lacking. A local contraction of the abdominal muscles might indeed cause a local tumor of the abdomen. Ebstein's supposition that tympanitis of the intestinal tract is the cause will not hold good, for the reason that, were such the case, with the subsidence of the tumor under anæsthesia, a volume of flatus would necessarily be passed and be reaccumulated immediately on cessation of anæsthesia. Such a supposition is obviously untenable. As a case under K's observation, and reported in this paper in full, offers a sufficient explanation, namely, a lordosis of the vertebral column acquired from protracted stay in bed which led to weakness of the muscles of the back, and there followed increase in the intra-abdominal pressure. This pressure the abdominal muscles could not withstand, whence swelling of the abdomen. In the reclining position the lordosis was less extreme, and consequently the abdominal swelling less marked. Under anæsthesia the lordosis disappeared, and the swelling as well. An attempt was made in this case to lessen the lordosis without giving an anæsthetic. The patient of her own accord could not accomplish this. When, however, she was lifted by the knees till the nates no longer rested on the bed, both the lordosis and the tumor disappeared. This procedure was constantly repeated for two weeks, and at the end of this time the patient was able to lie the greater part of the day with flattened abdomen, and eventually she succeeded in doing so all the time. The difficulty now was for her to stand without lordosis. Finally, with the help of a tightly adapted corset, this difficulty was conquered. We are thus offered an explanation which fits this case. Possibly the same mechanical factors were at work in other reported cases of phantom tumor. —(*Amer. Journ. of Obstetrics, etc., June. 1885.*)

A rare case of entangling and entwining of the umbilical cords from twins developed within the same membrane is recorded by Sedlaczek, (Archiv f. Gyn. XXVI., 2.) Pregnancy

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had advanced to the fourth month, both foetuses being males. "The first was 12 cm. long, thin and emaciated; the second 15 cm. long, better nourished and developed, and less emaciated. The cords were inserted close together in the same placenta. The cord from the first was thin, and passed from the placenta along the outside of the left knee, and was slung around just above the knee. It then extended twice around the neck of the second foetus, twisted itself once around the cord of the second foetus, and then returned in twists around itself to its insertion in the umbilical cord of the first foetus."

J. C. W.

THE TREATMENT OF NON-SPASMODIC WRY-NECK.—Mr. Bernard Roth ("Brit. Med. Jour.") advocates the following method of management: He divides the treatment into three stages. The first is a preliminary education of the patient in performing the usual movements of the neck, viz: flection, lateral extension, right and left, rotation on its axis, right and left. These exercises are done actively, also against the surgeon's resistance, and by the surgeon against the patient's resistance. The exercises are done while the patient is lying on his back, sitting or standing. This preliminary stage of the treatment need not last more than a week. The second stage of the treatment in tenotomy, under anaesthesia, of the clavicular attachment or of the shortened sterno-mastoid muscle. The third stage can be begun as soon as the skin incisions are healed. The preliminary "medical gymnastic" education is now most useful. To his surprise, on trying to put his head straight, the patient succeeds at once, and by daily practicing the exercises previously learned, and others for correcting the lateral spinal curvature which is nearly always present, he soon learns to hold his head vertically. In two cases in which this plan of treatment was carried out, correction of the deformity was accomplished in one month. One of the patients had previously worn an apparatus for eight years without any benefit. There had been no return of the deformity at the end of a year. The duration of the treatment in the second case was one month.—(*The New York Medical Journal.*)

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MATERIA MEDICA AND THERAPEUTICS

OPIUM; ITS USES FOR ANODYNE AND HYPNOTIC PURPOSES.

(EXTRACT FROM A LECTURE ON "OPIUM," BY PROF. H. R. ARNDT.)

REPORTED BY R. C. RUDY, ASSISTANT TO THE CHAIR OF MATERIA MEDICA.

The use of morphia for the relief of pain and for sleep-giving purposes is a matter of daily practice among physicians of all schools, save, within certain limits, of our own. The teaching of Hahnemann upon this point is uncompromisingly hostile, and in the main his views are adopted by the school of to-day. In the Introductory to the recently published work on Practice I have discussed this important question. The following quotation from the work not only states in a concise form the teaching of Hahnemann, but gives, I am sure, a very fair statement of the views of the profession on this much and bitterly discussed point:

"One of the greatest of the many services done suffering humanity by Hahnemann is his teaching concerning the use of powerful narcotics for the relief of pain, a symptom almost always present in disease. The use of narcotics and hypnotics for the relief of pain is of ancient origin, and constitutes an interesting chapter in the history of medicine. To the ancient physicians much of the knowledge of disease, now alike the property of the learned and of the masses, was practically unknown, and curative treatment in most instances was wholly out of the question. The relation in most cases between cause and effect, or between the disturbing force at work and the outer expression of the disturbance created, were considerations which received very little attention. It seemed natural to think that the suppression of pain constitutes the real treatment of disease. A person suffering intensely, put under the quieting influence of a powerful narcotic mixture, was presumed to have received the benefit of all medical skill can do. The same procedure was resorted to again and again, until the patient made either an accidental recovery or died. Centuries of observation and study necessarily modified, somewhat, this pernicious practice, but up to the time of Hahnemann no energetic or systematic warfare

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had been waged against a practice then so universally employed in the treatment of the sick. Hahnemann insisted upon pointing out, upon every possible occasion, the harm likely to result from the indiscriminate use of the narcotics, more especially of the preparations of opium. He emphasized the following facts: By the use of narcotics the physician deliberately suppresses the manifestation of important subjective symptoms; during the period of suspended consciousness the ravages of the morbific force not only go on without interruption, but their development cannot be watched by the attending physician, and no measures can be taken to meet them with that promptness upon which the very life of the patient may depend; their use is very likely to lead to loss of valuable time, and since they do not affect, curatively, the existing disease, recovery is retarded, and death may result when it could have been avoided by proper curative measures; the use of narcotics is followed by the appearance of symptoms which are wholly due to their use, and are characteristic of them. These drug-symptoms modify and blend with the symptoms caused by the disease, and thus greatly increase the difficulty of finding a curative remedy; the physician, finding it easier to prescribe a narcotic than to search for the right remedy, is led to cultivate habits of idleness and carelessness, to the great detriment of his patient; the continued use of narcotics leads often to the formation of habits in the patient which are really more disastrous in their consequences than was the original disease.

"These propositions practically embody the views of Hahnemann upon this important subject, and are upheld to-day by Homœopathic physicians everywhere.

"Leaders in all important movements necessarily occupy extreme positions, and Hahnemann was soon led to practically deny the necessity of *ever* having recourse to the use of narcotics for the relief of pain or for sleep-giving purposes. Homœopathic physicians, as a class, do not fully indorse this extreme position, but recognize the fact that purely palliative measures are, at times, indispensable. Whenever a patient suffers an unbearable amount of distress, the possible necessity of using narcotics for purely palliative purposes invariably arises. In cases which are not curable, the omission of such relief as can be

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given without endangering life, may become little less than a criminal neglect of duty. Recent investigations have fully demonstrated the fact that severe and long-continued pain acts as a potent factor in producing seated disease, and must often be stopped at all hazard. The homœopathic physician, then, is presumed to fully realize the responsiblity he assumes when suspending curative treatment for the employment of mere temporary make-shifts; he is presumed to be patient and skillful in the use of the means which will permanently remove the *cause* of pain; he is to be influenced, not by the clamor of the patient who refuses to bear pain, but by his own knowledge of the nature of diseases and by a clear understanding of the reliability of the means at his disposal to combat the morbific force at work. On the other hand, he must ever remember that he is a physician in the broadest sense of the word, and that his knowledge of the noble profession he has chosen must be sufficiently broad to indicate when and where the question of affording immediate, though temporary, relief of pain becomes one of paramount importance, and at such times no fear of unfriendly criticism dare stand in the way of a fearless and faithful discharge of his duty as a physician. The exercise of this duty requires much circumspection and soundness of judgment. Abundant testimony exists, drawn from the experience of our most successful practitioners, that the homœopathic remedy relieves even *intense* pain with astonishing promptness, and that the use of opiates and other narcotics rarely becomes a necessity in the practice of the intelligent and consistent homœopath"

It is hardly possible to lay too much stress upon the prudence and good sense which must be exercised in the use of opiates for purely palliative or sleep-giving purposes. The actual suffering of the patient, his natural desire to be relieved of pain, even without reference to what is best in the long run, the knowledge, too, that there is always someone ready, "for a consideration," to please the patient; the possible fact that the remedy given seems to afford little relief, that the friends will tire of the weary waiting for a remission of the suffering; that, to the physician, dismissal and loss of reputation or of business may result from what may seem to some a Quixotic devotion to an abstract principle, all these are powerful arguments with the

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medical man, and their force is felt alike by young and old, impecunious or established and well-to-do. On the other hand, it is also a fact that those physicians who get into the habit of allowing themselves to be influenced by reasons like those enumerated, or who, from the best of motives, administer anodynes whenever it seems a quick and sure way to quiet a troublesome and fretful patient or a severe pain, are sure to fall into the habit of placing upon opiates a measure of dependence altogether out of proportion to the real value, even as a temporary pain-reliever, of the anodyne. Hahnemann shows a goodly measure of sound common sense and knowledge of human nature when he speaks of the temptation involved in the greater ease of giving an opiate as compared with the often laborious task of selecting the right remedy, and he who once fully becomes a slave to ease, who heartily indorses everything that partakes of the nature of labor-saving machines, is bound sooner or later to fall into mere routine, to desist from that honest and close application to study which alone makes a physician a true healer and a benefactor to his kind. I would save you from such a fate for the sake of the sick who before many years will come to you for relief of aching body and aching heart, and for the sake also of that future of usefulness, of development into the highest type of manhood and of womanhood which lies within your reach, and which is infinitely more priceless, even in life, than the most complete pecuniary success alone can be. The homœopathic physician who falls into the routine habit of giving morphine whenever pain exists, of placing a patient under the influence of an hypnotic whenever sleep refuses to come, will soon learn to give quinine whenever a chill racks the sick one, a mild laxative whenever the bowels are constipated, a dose of blue mass or of podophyllin in the crude whenever the liver is inactive, and will resort to the obstetric forcep whenever a case of labor detains him more than a half-hour. What more pitiable sight than a professed homœopath thus cast adrift, pretending to obey a law which absolutely necessitates careful study of each case, and yet practising the wildest and crudest empiricism in the most antiquated and unscientific manner! If you will but patiently follow the light which is given you, it will become brighter daily, and your experience by the bed-

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side will teach you that colocynthis, for instance, is a far more satisfactory remedy in abdominal colic than morphine; you will find, from your own observation, that the use of anodynes is unavoidable only in a surprisingly small percentage of cases involving even the most intense pain, and it will not be an unusual occurrence for you to be called to patients who, after a faithful trial of these "temporary make-shifts," have become utterly discouraged, and of their own accord will cheerfully offer you an opportunity to demonstrate the superiority of your treatment. It is by this faithful adherence to sound homœopathic teaching, to careful and patient individualizing, that you will succeed even in a purely business point of view.

And on the other hand, you will lay yourselves open to serious charges of duty neglected and lack of skill if you fail to realize that the time may come when you shall be obliged to administer the opiate. When that time does come, let no man have the right to say that you have done so in a clandestine, underhanded manner. Pretenders and cowards only will do in the dark what should be done openly and in broad day-light. I cannot give you specific directions when and when not to employ measures for temporary relief. This knowledge must come to you through your study of the nature of disease. When your knowledge tells you that a case is beyond the reach of cure; when there is intense suffering which the indicated remedy fails to relieve; when the days of the patient are absolutely shortened because the suffering endured exhausts his vitality more rapidly than the disease-process; when all your available means are exhausted, then, unless you would prefer to stand convicted of a criminal lack of decision and back-bone, arises the occasion for a compromise with the advancing foe, and for the exhibition of narcotics which, by their peculiar action, promise to lengthen the days yet remaining and to ease the pathway to the grave. But use the opiates intelligently, if at all. It is on this account that I have given you, or have sought to give you, a clear understanding of the physiological action of the drug.

In my own experience of pretty nearly twenty years of active practice I have been forced only *very* rarely to resort to these methods, and I can most positively and uncompromisingly

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testify to the wonderful relief often obtained by the exhibition of the right remedy. Only about a year ago I lost a patient who for years had suffered intensely from cancer of the face, and who had in vain sought relief from excruciating pain by taking opiates in large doses. For three years I had charge of the case, and with the aid, chiefly, of the muriate of gold, in low triturations, kept her comfortable and in a cheerful frame of mind when even the eye and ear were destroyed in the natural extension of the disease; and death finally came to her gently, soothing her into rest.

The habitual use of opium in the treatment of insomnia (and it is in this serious and trying condition that the temptation to resort to morphine, hydrochloral, and others of this class is strongest) is being denounced now by the best authorities in nervous and mental diseases as a practice worse than useless, in that it utterly fails to affect the first cause of the sleeplessness, and merely adds to the already disturbed condition of the brain and nervous system. The same objection, it is obvious, applies to all hypnotics. The physician, in the management of a well-marked case of insomnia, will, however, soon realize that he is called upon to exercise not only all his skill and knowledge of therapeutic resources, but a goodly measure of patience and ingenuity. A person thoroughly worn out by wakefulness is bound to get sleep at any expense, and the coaxing, pleading, and threatening, reinforced by the unmistakable suffering of the sick one, are well nigh irresistible.

PROGRAMME OF THE BUREAU OF MATERIA MEDICA, A. I. H.—1886.

1. Introduction.....A. C. Cowperthwaite, M. D. Chairman.
2. The state of Materia Medica at the close of the 18th century.....H. C. Allen, M. D.
3. The efforts af Hahnemann for Materia Medica improvement, especially his introduction of the healthy vital test.....G. W. Winterburn, M. D.
4. The works on Materia Medica issued by Hahnemann, their composition and value.....S. Lilienthal, M. D.
5. The addition to Hahnemann's works on Materia Medica by his disciples.....H. M. Hobart, M. D.
6. The present state of the Homœopathic Materia Medica, and measures for its improvement.....Charles Dake, M. D.
7. The influence of the Homœopathic Materia Medica on that of the Old School.....Anna M. Warren, M. D.

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STRAWS.

BROMIDE OF CAMPHOR.—This drug was first introduced into the field of practice in 1871, and possesses, in spite of its comparative youth, an ample literature, of which we will only refer to the most recent and therapeutically important works (The Therapeutic Gazette, Nov. 16, 1885). Not long ago Valenti y Vivo called attention to the physiological antagonism existing between the monobromide of camphor and strychnine, a fact which has a toxicological value. Lienhart contested the hypnotic virtue of the drug which Hammond upheld. The latter physician cited a case of delirium tremens in which, he says, the patient slept for four hours. After waking he obtained the remedy again, and after six doses he slept for six hours. Warren, of New York, as long as ten years ago, used the bromide of camphor with good results in typhoid fever, and declared that it exercised an actual influence over temperature and circulation. Petrowitz employed the drug in numerous cases of hysteria, chorea, cardiac palpitations, and nocturnal erections, with satisfactory results. He mentions the case of a medical student suffering from nocturnal erections and following pollutions, who was treated with bromide of potassium without success, but was promptly relieved by bromide of camphor. Gubler claimed to have obtained remarkable sedative effects with capsules of bromide of camphor in genital excitation, and especially in blenorrhagic priapism. Camphor, says this author, does not ordinarily traverse the kidneys, but in the form of the monobromide it can be made to do so. Marm employed the drug in mental diseases, and more recently Hammond in hysteria, in doses of two or three grains given every two hours after the paroxysm. In the latter affection it is especially suitable when ether and chloroform are contra-indicated. Nothnagel and Rossbach recommended the remedy against nervous excitation of the cardiac and genital system. Fonssagrives, reviewing the various therapeutic uses of the drug, calls it an antispasmodic, an anaphrodisiac, and a general nervous sedative. Rolland and Mills furnish further testimony of the useful services of the drug in affections of the nervous system. Quite recently it has also been tried in chorea with promising results.—(*The Medical Record*).

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THE DIRECT TREATMENT OF SPINAL CARIES BY OPERATION.—Mr. T. Trevis ("Brit. Med. Jour.") advocates the direct treatment of spinal caries by an operation. The gravity of spinal caries depends not so much upon any single pathological feature in the process as upon the depth at which the disease is situated and its inaccessibility to the usual operative procedures applied to caries elsewhere. Diseased bone cannot be removed from the vertebral bodies, and the morbid products, having to travel a great distance in order to find vent, are apt to induce immense purulent collections. In the operation proposed by the author, the anterior surface of the bodies of all the lumbar vertebræ and, with some reservation, the last dorsal vertebra, can be reached from the loin. A vertical incision is made near the outer edge of the erector spinæ, the sheath of that muscle is incised, and the vertebræ reached by continuing the operation along the deep aspect of that structure. By means of this operation the vertebræ can be readily reached and examined, carious or necrosed bone can be removed, and a ready and direct exit can be given to all morbid products; an abscess situated in the region of the psoas muscle or lumbar region can be excavated while it is yet small, and before it has led to a huge abscess-cavity. If a large psoas or lumbar abscess exists, it can be evacuated at its point of origin, and at a spot that, in the recumbent posture, corresponds to its most dependent part. The author detailed three cases in which he had performed this operation. All the patients made a good recovery. In one case he evacuated at its point of origin a psoas abscess containing forty ounces of pus, and removed from the body of the first lumbar vertebra a large sequestrum measuring an inch by half an inch.—(*New York Medical Journal.*)

BETA NAPTHOL IN THE TREATMENT OF SCABIES.—Josias has made a series of experiments on animals with napthol to determine whether the case of Neisser's, where hemoglobinuria supervened when a child affected with prurigo was treated with it, was or was not exceptional. Though both rabbits and cobayes died as the result of subcutaneous injections of an alcoholic solution of napthol, none showed symptoms of hemoglobinuria. When dogs were similarly treated none died, and he concludes from his observations on these latter that napthol cannot engen-

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der serious accidents which may end in hemoglobinuria and death, and further, that napthol in the doses employed in practice is an excellent remedy for scabies, and absolutely harmless. The ointment used consists of beta napthol, fifteen parts; lard, one hundred parts; soft soap, fifty parts; and pounded chalk, ten parts. This ointment has given results incomparably superior to all other methods in the cutaneous affections to which dogs are so liable, and which are so obstinate. Itch, eczema rubrum, psoriasis, and auricular catarrh yield, as a rule, very rapidly to friction with it. More than a hundred dogs have been so treated by M. Nocard; in some the general inunctions have been repeated for eight or ten days without any bad results even when dogs licked themselves.The efficacy of the ointment has seemed to be heightened when, after its application, the skin was moistened once or twice, at twenty-four hours' interval, with a two per cent. solution of alcohol.—*Annals de Dermatologie et de Syphiligraphie.*—(*The Peoria Medical Monthly.*)

THE KEPTO-COCCUS.—We learn with pleasure that Professor Meandra has succeeded in isolating the bacillus of Kleptomania. It has long been thought that this disease owed its origin to an organism of a snaky, elusive nature, which rendered detection difficult, but it remained for Prof. Meandra to first demonstrate its existence. The difficulty was, of course, to obtain pure cultivations. At length, Prof. Meandra secured a magpie of well-known thievish propensities, and removing a small portion of its brain, under the spray, he begun the first of his long series of experiments. The organism can be readily grown in beet-juice (prepared by beating beet, and straining) or in cabbage infusion. It stains easily of a deep steel color. Under a power of eighty diameters this organism presents a hook-shape, thus ?, which gives it the name of Meandra's Interrogative Micrococcus; we would, however, suggest (with due deference to the professor's taste) the name of hookey-coccus, both as more euphonious, and as applicable, no matter what position the organism may assume; it also indicates its character as well as shape. Injected subcutaneously into cats, the effects of hookey-coccus were remarkable. Several of the animals let loose in a back-yard were seen two days after to creep surreptitiously into some of the neighboring houses and kleptomize pieces of

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meat, fish, etc. While we cannot quote the whole of this important article, we relate one interesting event. A quantity of beet-juice in which a cultivation was far advanced, was spilled on the floor of the laboratory. Three days after, the professor missed his pocket-book, watch, and other articles of value; it was also noticed that several houses in the place had been visited and valuables taken. Mr. Lastees, the Professor's assistant, a man of the highest respectability, was also missing. Professor Meandra thinks he must have inhaled some of the dry dust from the spilled cultivation. There was much excitement when the affair leaked out, and, as there are two banks in the town, the people petitioned the mayor to prevent all communication between the professor and the cashiers. There is no doubt that an attenuated cultivation can be obtained, in which case the criminals confined in the prison at Moros will be vaccinated. We agree with this great investigator when he says, "the bacillus opens a wide field for thought—an almost unfathomable vista." "Many generations must pass," he continues, "before the last microbe is stained and mounted, drawn and photographed, and stamped with the name of the discoverer." The next two hundred years will be known in history as the Microbian age."—*The Birmingham Medical Review.*

MISCELLANY.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.

NEW YORK, Aug 1, 1885.

Dear Doctor:—At a meeting of the Institute held in St. Louis in June last, the following preamble and resolutions were unanimously adopted:

WHEREAS, It is the sense of this body that the editors of the new Cyclopædia of Drug Pathogenesy have faithfully carried on the work given them to do, under the rules laid down for their guidance by joint action of the American and English National Societies; and

WHEREAS, We do not deem it practicable for the Institute to subscribe for a full copy of the Cyclopædia for each of its members, nor in connection with the British Homœopathic Society to accept the proprietorship of the work, sharing in the same in proportion to the number of members in each body; therefore,

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Resolved, That we authorize our treasurer to subscribe for four hundred (400) copies of the numbers necessary to complete the first volume of the Cyclopædia, and to pay to the publishers net cost of the same;

Resolved, That we authorize our treasurer to receive subscriptions from our members for the numbers ordered by the Institute, putting the price at the actual cost;

Resolved, That with all confidence in the British Homœopathic Medical Society, we would be pleased to have it acccept the proprietorship of the Cyclopædia, with the pledge of our support to the extent specified above, believing that such ownership under the immediate direction of the English editor would result favorably to all concerned.

The first volume of the Cyclopædia will comprise four parts. The first has already been published and is in your hands. The remaining three will be issued as speedily as possible, and will be mailed, postpaid, direct from London to subscribing members at the cost price of 67 cents each, or $2.00 for the three parts.

Please inform me, therefore, as soon as possible, whether you will be a subscriber or not; and if you do subscribe for the three numbers of the Cyclopædia, be so good as to remit the amount of $2.00 *at once*, so that I may have the funds in hand to pay for the 400 copies ordered, as soon as they are published.

Hoping for a prompt reply,

I am, yours fraternally,

E. M. KELLOGG, Treasurer,
No. 117 West 42d St.

As the American editor of the Cyclopædia I desire to call the attention of the members of the Institute to the above circular, issued by Dr. Kellogg, and to say that it will not be possible for them to obtain copies at so little cost in any other way. The price put upon copies by the Institute barely covers first cost, and would not do so were there any pay or margin of profit allowed to the editors or publishers.

The number of copies issued will be limited, so that it will not be easy to obtain a complete set in after times.

I have lately returned from a conference with the English editor, and assure subscribers that the work will be pushed forward with all possible haste. J. P. DAKE.

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OBITUARY NOTICES.

Dr. Nathaniel L. Franklin, a son of the late Dr. E. C. Franklin, of St. Louis, Mo., on February 7th was found dead in the woods in the southern part of his state, where he had gone on a hunting expedition. A wound was found on the left side of his neck, caused by the accidental discharge of his gun. "Dr Nat," as the deceased was generally called by those who knew him, was a young man of much promise. Wholly wanting in those characteristics which peremptorily challenge attention, he commanded the respect and confidence of those who understood him well, and who under his unassuming exterior saw the large amount of common sense, the patience, and the tenacity of purpose which belonged to him. He was a faithful student, after his graduation keeping up the habit of reading anatomy and surgery for several hours daily, and improving every opportunity to perfect himself in the knowledge of the profession, more particularly of surgery. Thus within three short weeks father and son are united once more!

Dr. C. Backus, of Ann Arbor, Mich., on February 1, 1886, suddenly dropped dead from, presumably, failure of the heart. The deceased was born at Groton, Tompkins Co., N. Y., on August 12, 1812. He studied medicine at Geneva, N. Y., and in 1836 began the practice of his profession at Ann Arbor, Mich. Failing health compelled him after a few years to return to his native state; in 1866, however, he came again to Michigan, settling in this city, and remained here ever after, dying in the 74th year of his life. In the death of Dr. Backus there passes away one of the most unpretending, least assuming, and most faithful friends of the homœopathic department of the University of Michigan. Although perhaps in no sense a public man, his virtues as a citizen were such that his personal influence was at all times felt, and felt in the right direction, whenever this department needed a special effort on part of its friends. After a long life, well spent and worthy of imitation, death came to him unexpectedly, it is true, but none the less welcome. His still form, lying in the casket, seemed like the figure of one calmly sleeping, patiently waiting for the summons to rise; neighbors who had known his many virtues because of long years of intimate acquaintance with him, gathered to pay him a final tribute of love, and colleagues who knew the warmth of his love for the profession and for the school, gently bore him to his last resting place.

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COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

J. H. Lawrence, of the Freshman class, is evidently a believer in appreciable doses.

This department is indebted to the following physicians for interesting clinical material furnished in the month of January: S. A. Jones, J. S. Wheelock, and C. E. Walker; also to Messrs. G. W. Hathaway, and J. S. Morris for similar efforts.

Carrie G. Watres '83, was married, last July, at her home in Pa. to Hon. E. S. Lovell, Elgin, Ill. Mr. Lovell is a graduate of the Literary department of the Univ. and delivered the oration before the society of the alumni, last commencement.

The officers of the Hahnemannian society for the present year are: Pres., H. L Obetz; Vice-pres., R. C. Rudy; Recording Secretary, Arabella Merrill; Treasurer, R. C. Taylor; Cor. Sec., J. J. Fowler; Critics: E. H. Pond and Maggie Murray.

The officers of the Senior Class, '86, are: Pres., H. B. Reynolds; Vice-pres., E. H. Pond; Sec., R. C. Rudy; Treas., E. Uncapher; Historian, H. B. Wilson; Toast Master, G. G. Caron; Essayist, Annie E. Clark; Prophetess, Hattie M. Swathel; Orator, G. B. Kelso; Poet, R. D. Mack.

The officers of the Freshman Class, '88, are as follows: Pres., J. H. Lawrence; Vice pres., M. E. Thompson; Sec., Ella K. Dearborn; Asst. Sec., E. W. Ruggles; Treas., Lizzie A. Hendershott; Poetess, H. Lucy Porter; Historian, G. D. Arndt.

H. C. Kasselmann '83, late assistant to the chair of Surgery, now at Midway, Ky., was married to Miss Bettie Kincaid, Jan. 19, 1886.

Drs. Jane A. Walker, '82, Salem, Mich; L. E. Knapp, Fentonville; M. E. Knapp, Owosso; R. L. Knapp, Ypsilanti, and B. H. Lawson, of Brighton, visited the department last week, expressing themselves much pleased with its management.

Frank Rogers, '86, who has been seriously indisposed for the past seven months, and unable to continue his studies, has returned to the hospital for treatment. We are glad to announce considerable improvement in his general condition.

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F. R. Timmerman, '80, is doing a thriving business at Hastings, Mich.

John Coolidge, '79, now belongs to the firm of Arthur and Coolidge, 307 Spruce St., Scranton, Pa. Dr. Coolidge is making a specialty of the eye and ear.

Rose Cynthia Wilder, '84, has lately received the appointment of physician at the Girl's Industrial School at Adrian, Mich.

It will be interesting to many of our readers to know the more important changes in the faculties of the University, since June last.

In the *Literary Department.* Charles K. Adams, LL. D. has resigned the Professorship of History, and Hon. Thos. M. Cooley has been appointed to succeed him. Mortimer E. Cooley, U. S. A., has been advanced to a full Professorship of Mechanical Engineering. Chas. K. Wead has resigned his position as Acting Professor of Physics, and Mark W. Harrington, A. M., has been assigned to the chair temporarily. Chas. S. Dennison, M. S., C. E., has been promoted to full Professorship of Descriptive Geometry, Stereotomy and Drawing. Henry Wade Rogers, A. M., has been appointed to the Professorship of Roman Law in the School of Political Science. Calvin B. Cady has been advanced to Professorship of the Science and Art of Music. A. W. Burnett, A. B., has been appointed Instructor in English and German, and Howard Ayers, Ph. D., Instructor in Zoology.

In the *Law Department.* Hon. James V. Campbell, and William P. Wells, A. M., have resigned, and Hon. Otto C. Kirchner has been appointed to the chair occupied by the latter. Jerome C Knowlton, A. B., has received the appointment as Assistant Professor in the Law School.

In the *Homœopathic Medical College*, only Prof. H. L. Obetz of the old professors remains, Professors T. P. Wilson, A. C. Cowperthwaite, and N. Baldwin, having all resigned, and the whole department reorganized.

In the *Dental Department* the only change has been the appointment of James U. Martin, Ph. M., M. D., to Lectureship in Oral Pathology and Surgery.

In the *Department of Pharmacy*, Messrs. L. L. Van Slyke, C. F. Adams, and T. Royer, Assistants, resigned and Messrs. Chas. H. Davis and L. Dennis were appointed to succeed them.

In the *Department of Medicine and Surgery*, no change is to be noted.

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BUSINESS MANAGER'S COLUMN.

Communications are daily being received asking for supply of back numbers. We wish to explain the delay in forwarding them in a few words by saying that in the removal from Grand Rapids, things were badly jumbled together, and that just as soon as our back issues are arranged, we will be glad to supply our patrons as far as possible.

Parties knowing of desirable location for physicians will confer a favor by reporting the same to us.

In view of the fact that neither pains nor expense will be spared by the publishers of the Journal to render it both interesting and instructive, and also that heavy outlays have been and are constantly being incurred in its improvement and illustration, we ask all our old patrons who are in arrears, to send in their remittances *at the earliest possible date.* It takes money to pay printers, electrotypers, etc., and to make the Journal a success and benefit to all.

The average age of a hog is only fifteen years. Console yourself with that thought, my son, when you see a man spreading himself over four seats in a railway car.

Pending the purchase and removal of THE COUNSELOR to Ann Arbor, no issues were made from November 15th to January 15th inclusive, hence, to do justice to all and make good the missing ones, all our old subscribers will be entitled to an equal number of copies after the date at which their subscriptions expire.

"Oh, doctor, Pug gave me a dreadful scratch this morning. Don't you think I had better go to Paris at once and see Mr. Pasteur?" "But Pug is not rabid, is he, Mrs. Runabout?" "N-no, but there's no telling how soon he may be, and if I am going at all I'd rather go now, while the season in Paris is at its height."

Because of the large number of new subscribers, in response to the circular sent out in the early part of January, for whom it would be difficult or impossible to supply back numbers to complete Vol. X., the publishers of THE COUNSELOR thought best to begin a new volume with our last issue (Feb. 1st).

The *attention of advertisers* is directed to the fact that THE COUNSELOR is the only homœopathic journal in the world issued more than once a month, and that its circulation extends to every state and territory in the union. This together with the fact that it is now in its eleventh volume, renders it an unexcelled medium for reaching the public. Send in your "ads"!

The present proprietors having assumed the books of the Journal, subscribers in arrears will please forward remittances to the business manager, Dr. D. A. McLachlan, lock box 3083, who will receipt for the same. Remittances should be made by banker's draft, postal or money orders or by registered letters to *insure safety.*

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.

Subscription Price, Three Dollars a Year.

Vol. XI. ANN ARBOR, MICH., MARCH 1, 1886. No. 3

EDITORIAL CHAT.

Judging from the report of the proceedings of the Homœopathic Medical Society of the State of New York, published in this number, the recent session of this society, held at Albany, was in the main creditable to its membership and to the profession which it represents. Nothing occurred to seriously disturb the harmony of "the meeting," nor was anything done, so far as we know, to mark the gathering as one particular above others in any one respect. To the superficial reader of the proceedings the convention appears in the light of a body of scientific men so thoroughly one in all their aims, so profoundly bent upon the material advancement of some common and cardinal faith, that the city of brotherly love, outside of geographical considerations, would seem to be the place above all others for future gatherings of our colleagues of the Empire State.

And yet, and this in spite of the fact that there is nothing in the published reports of the convention to indicate the existence at the Albany meeting of discordant elements,—there are strong indications that the elements of discord were there, being probably kept in check by the sober judgment and common sense of the majority; but needing only a few hot words and a favorable opportunity for eloquent utterance to have engulfed the N. Y. state society in a war of words and a display of passion and unreasoning prejudice which might have matched, and would have made a fine companion-picture for, the recent proceedings of that august assembly of medical sages who claim to represent the old-school profession of the same state. The

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existence of these discordant elements is plainly shown in the recommendation of the president, forming a part of his official utterance, to exact no longer a profession of faith in the homœopathic law of cure from applicants for membership, but to throw wide open the doors to all persons otherwise, we presume, qualified for membership in the society. Whether, or not, this recommendation of the president voices the wishes of a majority of the men over whom to preside he was called upon we have no means of knowing; we presume, however, that the recommendation failed to elicit much enthusiasm, since no record is made of any attempt to secure for it further indorsement either by voluntary expression of sympathy or by a formal movement to act in accordance with the suggestion made.

Our New York friends are well-known to the profession in other states for their ability and solid professional acquirements no less than for their occasional, and we might truly say periodically recurring, attempts to pose in the attitude of free thinkers and to assume the tempting garb of "liberalism" in medicine. So far, no great harm has come from this. Our friend, Dr. H. M. Paine, of Albany, with his well-known tenacity of purpose, has persistently on each and every occasion moved the adoption of resolutions freeing the society from any recognition of attenuations above the 12th decimal; the society has as persistently refused to entertain any such motion, and wisely contents itself with politely listening to the regular reading of a "motion" which by this time all should know by heart, tabling the motion, and appointing its able maker to some one of the honorable positions for which his ability and learning eminently qualify him. It is altogether likely, and, in fact, quite certain, that the official utterance of the late president will be received with the same polite reserve on part of the profession of his state, and that the accustomed vote of thanks "for the able address" will embody all that will be said concerning a proposition which, though sufficiently radical to momentarily arrest attention, has not even the merit of novelty or originality to entitle it to more than passing notice.

There is an element of grim humor in the fact that a society which secured the attendance of an eloquent speaker from a neighboring state for the probable purpose of adding to the di-

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versity and interest of its work, should listen to an eloquent recital of the victories won under the flag of the "similars," and almost in the same breath be cheered by the presidential recommendation to deliberately and quickly, and forever, haul down that self-same, victorious banner. It is actually funny to think of the accomplished and eloquent Biggar, of Cleveland, proudly reciting the history of battles fought and won, relating the cheering results of half a century's struggles against a most aggressive and at all times wholly unscrupulous majority, of urging his hearers to renewed and uncompromising efforts to secure universal recognition of the soundness of this law, of its scientific value, of its clinical reliability, and then try to imagine for a moment how that same audience must have felt to hear its president, the one man who above all others, by virtue of his high office, is in honor bound to guard his every word and his every act so as not to compromise the dignity of the profession or its highest interests, to hear that same president advise the removal of all barriers, the actual abandoning of all that constitutes the very right of said society to a corporate and organic existence. Truly, this is a strange world!

Much idle talk has of late years been had in certain quarters concerning the "liberal" tendency of the "new-code" men in the state of New York, and there were, and are, those who in the attitude of these "new-code men" professed to see the dawn of a new era in medical history. Ever anxious, and honestly so, to advance what to them seemed the best interests of the profession, these warm-hearted colleagues of ours were hearty supporters of every movement which promised to remove some real or fancied obstacle to "union," and, strangely enough, they seemed inclined to act as though no sacrifice was too great to bring about the consummation for which they earnestly hoped. The lamb and the tiger were to lie down together, in one long, fond, passionate embrace. It has been amusing to watch the antics of the liberals in both schools, those of the dominant party being ever ready to assume some tempting attitude, and those of our side of the house bound to not only imitate, but to go a by no means inconsiderable distance beyond the boldest feat accomplished by the new-code men of the old school. Those of us who maintained that the union of the lamb and the tiger

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meant merely a repose of the lamb inside of the tiger's belly, have been held up as bigots, as narrow enthusiasts, as warning examples to coming generations. And yet, no union is possible. Our old-school friends love us "after a fashion"; they so love us that they are actually dying "to eat us up." Not long ago the new-code men were instrumental in holding out certain encouragements to the homœopaths in New York to take membership in the "regular" society. The great day evidently had come. Some one, or some few, were foolish enough to intimate a willingness to partake of the generous hospitality of the regulars, and, it seems, formal application for membership was made. Favorable consideration was promised, provided the applicants for membership would agree to formally disavow their belief in the practice of an *exclusive dogma*. "Will you come into my parlor? said the spider to the fly!"

No matter how commendable may be the motives which prompt the president of the Hom. Med. Society of the State of New York in the recommendation to no longer require from members of the N. Y. State Society, as a condition of membership, a distinct, formal avowal of faith in the law of homœopathy, it will be difficult to make the profession at large see in such recommendation wisdom, tact,or even common sense. No matter how inconsistent and foolish the policy of the dominant school of medicine may have been in their attitude toward homœopaths, they have been so firmly united, so universally unscrupulous, so uncompromisingly hostile as to force from us, their opponents, a certain amount of respect. They are too sensible a lot of men not to know that their own interest would be greatly furthered by the union of schools; but that union must be had in *their* way, if at all. They honestly believe that, under providence, the lamb of homœopathy shall be, and eventually will be, a part and parcel of that body from which the lamb sprang; and it is their profound conviction, a fundamental principle of their professional faith, that happiness will not be restored until the reunion has taken place. They are willing and ready to swallow us at a moment's notice, and at the very first opportunity which offers. They are pleased to see how eagerly some of our people are trying to prepare for the sacrifice, and they do not hesitate to offer encouragement, socially and professionally, where they think it will do the most good.

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The recommendation of the President of the N. Y. Hom. Medical Society is bound to fall flat; it is a premature delivery, and the child died the instant it gave its one faint outcry. Homœopathic physicians throughout the country, be they right or wrong, it matters not now, are thoroughly honest and thoroughly earnest, and will maintain at every cost the organic integrity of the school. If any of its members are not in accord with this feeling, their self-respect should lead them not to take advantage of official position, tendered by a ready and courteous recognition of their merits as practitioners, to intrude upon their colleagues suggestions which of necessity must be distasteful to a vast majority; if they cannot pursuade themselves of the propriety of such a course, they should not accept election to office in a body especially organized with a view to advance special interests and special work. Finally, it will be well for state societies, when preparing to elect their important officers, to canvass the question whether the candidates for such honors are in sympathy with their constituency, or whether their inclinations or convictions of right and wrong are such as must necessarily work injury to a cause which, as an officer, they are presumed to advocate and defend.

Our friends of the Hahnemann Medical College of San Francisco, Cal ,—and we wish them abundance of success in their good work on the "Coast"—are beating all past records in the way of advertising by placing upon their faculty the name of Wm. Tod Helmuth, of New York, a member of a rival college, and one whose entire ability is naturally given to the building up of the New York College. The use of a well known name, like that of Helmuth, in connection with the work our California friends are doing, under the circumstances appears like a piece of pure affectation, and is certainly in bad taste. Let our San Francisco friends stand on their own bottom ; they will be obliged to do so anyhow, and they will do wisely if they perform the feat without delay. And they can do it the more readily since they have in their faculty and in their state quite enough ability to do thoroughly satisfactory work. Let us have no "Honorary" Professors!

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GYNÆCOLOGY AND PÆDOLOGY.

RECTAL DISEASES AND THEIR CONNECTION WITH GYNÆCOLOGY.

Any one essaying to treat diseases peculiar to women, must have been again and again reminded of the idea embraced in the above captious letter, since the first systematized effort to trace the connection between lesion in one portion of the body and pain or misfunction in a distant part by Hilton. Much has been accomplished; the little volume—a veritable jewel in its day—being a mere nucleus around which has crystallized enough already to practically revolutionize many branches of medicine and surgery. We apply its deductions in nearly every department of practice with a well defined system where before, however frequently we resorted to it, our data were somewhat empirical.

We are forced to notice, however, the meagerness of literature bearing upon the subject before us, while such an abundance exists in relation to other departments, that while we are not surprised to cure an inveterate sexual erythism or irritability of bladder, a sciatica, or even an irritation of the fauces by the removal of a hæmorrhoid or an ulcer within the grasp of the sphincter, yet, in the department of gynæcology, forgetting, seemingly, the intricate connection through nerve supply which exists between the lower rectum and the reproductive tract, we are completely surprised when some itinerant "specialist," treating only diseases of the rectum, and finding therein an excuse for all the ills that flesh is heir to, does relieve case after case of our prolapsed ovaries, hyperæmic ovaries, displaced wombs, vesicle irritability, neurasthenic headaches and "female spines," with all their concomitants. Such is to-day the mortifying experience in these cases, and we give credit where credit belongs. So gratifying are the results of careful attention in this direction that one is often forced to think of the motto of Boerhave, as claimed by him to contain all that was practical in physic, viz: "Keep the bowels open, the feet warm, and the head cool."

Taking it for granted that none will dispute the close relationship and sympathetic disturbances arising in the generative

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sphere, where there is any primary rectal trouble, we shall briefly enumerate those conditions that we have most frequently met in the rectum, upon the correction of which other groups of symptoms have given way.

Taking it as further granted that no man would to-day expect, or have a right to expect, that any functional disturbance of the reproductive tract was scientifically treated while no attention was called to or consideration given to any considerable rectal disturbance.

Ulcers made irritable by being within, either partially or wholly, the grasp of the sphincter, perhaps engross preeminence as to frequency and importance.

The ætiology of the ulcer we consider as understood in a vast majority of cases to be purely mechanical—infinitely more frequent in females than males—because not only of the vicissitudes of gestation and the lying-in room where constipation, and the passage frequently of large, hard stools, mechanically lacerating the tissues of the rectal outlet which nature has not time to repair before a repetition of the same process occurs. Habits of life predispose also to constipation—eczema involving the anal region, either constitutional or, as is more likely, due to devitalization of skin by vaginal discharges, being an occasional factor, rendering the anal outlet liable to fissure on the passage of an ordinary stool. The mischief once started, and however started, is in a condition for indefinite perpetuation so soon as the lesion lays bare muscular fibre.

Its diagnosis is not based upon any collection of symptoms subjective, but inspection alone.

In every case of functional disturbance of the reproductive organs, the ordinary oral examination should develop the fact as to whether the rectal functions are not also badly perverted. If, among other symptoms, we elicit the fact (almost never mentioned gratuitously by the patient) of painful defecation, either occasional or continuously, more especially with occasional discharges of mucus or blood, followed by pain, whether it be of five minutes or that many hours' duration—we have not reached a scientific conclusion without a local examination, a finger passing into the rectum without pain or spasm of sphincter is almost proof positive that no such lesion exists. Per

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contra, pain, even though violent, is not at all conclusive as to the lesion. The crucial test is inspection alone, the difficulty of which must have appeared to every one who has tried, upon the nervous subject. Perhaps he has repeatedly tried with strong reflected light, while the patient was in the English obstetric or lithotomy position, the knee and elbow usually meeting with objections at the hands of lady patients, yet of aiding to enlighten himself as to the cause of the pain, has only been rewarded after putting the patient completely under an anæsthetic, and everting the rectum by passing two fingers into the vagina and forcing them out through the anus, or stretching the ever vigilant sphincter sufficiently to allow complete eversion while under the anæsthetic. The sole primary lesion may be found to be so small an ulcer or fissure that it seems impossible to attribute to it all the grave disturbances which may for years have baffled the gynæcologist, the patient having gone from one to the other with the same unchanging result. We recall a case of vaginismus which had existed for years, which yielded instantly to the correction of a fissure. We maintain that this lesion is to be referred to the surgeon or treated upon surgical principles, even with the eczematous fissure, stopping, if possible, any discharge from which the eczema may arise. We shall find it expedient in the eradication of the eczema to first treat the fissure surgically, followed by such measures as we may adopt against the chronic inflammation of the skin and contiguous mucous membrane.

Notwithstanding the symptomatology of drugs like Nitric acid, Graph., Sil., Caust., Sepia, Rhatania, Coll., etc., indeed, though we had to deal with the actual lesion produced by any one of these drugs, we should maintain that where the ulcer had laid bare muscular fibre within the grasp of the sphincter which was to remain in constant activity, we should still have to base any successful treatment upon surgical principles. We may be answered that nature unaided, in the course of time, will produce some cures. Granted; yet who will deny that her means are surgical. In other words, the surgeon simply anticipates nature.

This being one of the mooted points in homœopathic therapeutics, we make the general statement that in no case where

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inspection has revealed the genuine lesion have we seen remedies of any effect, although *symptoms temporarily* present simulating the difficulty have repeatedly disappeared in cases where no examination has been made.

Polypus is also more frequently met with in the rectum of the female than the male, and its reflected difficulties are constantly to be anticipated. We recall a case of amenorrhœa, which had with numerous other symptoms proved very rebellious until a careful exploration under an anæsthetic brought into view a large polypoid growth—the removal of which checked permanently the rectal hæmorrhages and restored all the other perverted functions of the genital tract.

Hæmorrhoids frequently defeat our every effort, and are no doubt the chief factor in many cases, going from one physician to another for pelvic congestions, chronic cellulitis, displacements, etc., without relief. We must insist that the prognosis as to the disturbances of the genital tract be guarded.

Other than the ordinary measures have not suggested themselves, unless it be to insist that the patient evacuate the bowels just before retiring. As to the removal of the old hæmorrhoidal masses, foreign bodies virtually, by constitutional measures, only we believe we but re-echo the sentiment of the profession in saying that aside from surgical measures, as apparantly barbarous and unsatisfactory in the female as in the male, we must place our great reliance on rectal hygiene, palliating from time to time the various symptoms by remedies as best we may, incising the recent and inflamed external tumors to prevent further mischief. Were we strictly an evolutionist, we might surmise that when a man had been long enough accustomed to the erect attitude, valves would make their appearance on the hæmorrhoidal vessels and, being a useless appendage of the intercostal veins, disappear from there. Until such consummation it is possible that hæmorrhoids will remain one of the opprobria medicorum.

By no means least in the ætiology of disturbed uterine function, although hardly mentioned in our textbooks—seems a condition of hysterical hyperæsthesia of the rectum, from which almost any subjective symptom may be elicited and some few objective, at one time constipation, another diarrhœa, ter-

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rible pain after an evacuation, usually of shorter duration than with ulcer, again no pain at all. The whole moderately characterized by that lack of method of stability—peculiar to the great protean trouble. Attempting to explore the parts with finger or speculum, we are met with the same resistance and pain characteristic of irritable ulcer, an anæsthetic being imperative frequently. When the most careful examination has been made we are able to discover only a diffuse redness. No broken mucous membrane—not even the "irritable patches" of one author. The whole surface seems alike hyperæmic and hyperæsthetic. Irregular or defective peristalsis, with straining at stool, inefficient emptying of the rectum, no doubt play an extensive role in keeping the entire pelvic viscera congested. Long standing congestion or flushing in its turn cannot exist without response in the way of mal function.

It is surprising with what tenacity this affection persists full more obstinately than the allied hyperæthesia of the retina or the functional.

This may be the last symptom of hysterical manifestations to disappear. Carefully selected remedies, season in and out with about the usual variations—from experiments in so-called spasmodic dysmenorrhœa, with or without acute flexion, and the oftimes brilliant, though inexplicable results of rapid and complete ditatation—(see Goodell's reports) and regarding the conditions as identical, neuropathic hyperæsthesias—we were led as in the former class of cases, where a persistent trial of medicines had failed, to fully dilate, paralyzing the rectal sphincter. This we have done in a considerable number of cases with varying results, always to relieve for weeks or months, and in no mean proportion of cases, complete relief, so far as we can learn. With almost the same frequency have the ovario-uterine symptoms been modified favorably, more than once completely disappearing until a relapse of the rectal trouble after some depression in the general health, for we all understand that the hysterical diathesis or tendency cannot as a rule be eradicated, that inervation of high nerve centers of co-ordination or will, the basis of hysteria, being probably a radical deficiency of the organization.

Anæsthesia of the rectum as a freak of hysteria is also often

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overlooked, with its inveterate constipation, total indifference as to stool—patients going days at a time without the least suggestion to evacuate the bowels—a fertile source of trouble to the gynæcologist. Indeed, were he to ask a talisman to correct one symptom only in the female economy, it would undoubtedly be for this.

Hysterical anæsthesia is credited with almost always being benefitted by the induced current of electricity. The result has, however, been "nil" in the several cases in which we have tried it, a long tedious course of general hygienic and therapeutic measures alone being of any service, as is usually the case in well marked cases of hysterical diathesis. Much has to be done by moral influences, careful hygiene, now encouragement and forbearance, again positive injunction. Almost any remedy in the Materia Medica may seem to be called into service—unless we carefully differentiate symptoms—when we think the great group of antipsorics with Calc. c. at their head on the one hand, with a very small group like Ignatia, Puls., Cimicifuga, Gel., Plat., Lil. tig., possibly the animal poisons, of the more superficially acting remedies suffice. We are accustomed frequently to alternate the antipsoric with the remedy of the other group which seems nearest in its main points to coincide with the case. We think it better to alternate than to await the separate action, and we all know that the best-selected remedy, so far as our ability to select goes, is often without the slightest effect until we have administered one of the first great group.

We must urge in connection with protean disturbances that we fall not into the heterodoxy of "key-note" prescribing, and the complication is found in more than two-thirds of all our cases of chronic ailments of females. In case we do this, we shall be constantly changing our remedy. Persistence in a well selected remedy is often rewarded, added to good common sense hygiene, while without it disappointment is the rule.

N. BALDWIN, M. D., COLDWATER, Mich.

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THEORY AND PRACTICE OF MEDICINE.

GASTRIC ULCER.

A CLINICAL CASE.—Miss S., aet. 24. Has previous history of a very severe attack of acute rheumatism when about twelve years of age. From the condition described by the mother, it was undoubtedly accompanied, as it so often is, by endocarditis, from which she has never fully recovered, having been since then in rather feeble health. Disease of the left side of the heart still exists in the shape of irregular and intermittent pulse, more or less constant palpitation of the heart, and soft, puffing sound or murmur at the apex. She has for several years suffered at times from symptoms of dyspepsia and indigestion, accompanied usually by more or less constipation. Sometime in August she had felt somewhat indisposed for two or three days, but the trouble was not referable to any particular cause or location, until one afternoon she was seized with violent and profuse hemorrhage.

The circumstances attending it were these. While walking quietly and alone in the yard, she suddenly experienced a sensation of warmth, fulness and nausea at the epigastrium, which was speedily followed by retching and vomiting of blood. She swooned and fell to the ground unconscious, where her friends soon after found her lying, pale and apparently lifeless. Her face and clothing were covered with blood, mostly bright and fresh. Means were at once taken to restore her, and soon her attendants were delighted to see signs of returning consciousness; but with it came more retching and vomiting of blood, which now came in clots, almost strangling the patient, weakened and exhausted as she was by the profuse hemorrhage. Following, or with, the return of consciousness came also the intense thirst incident to great loss of blood; and the drinking of cold water which she so eagerly called for, and which was given in small quantities, probably had the happy effect of stanching the further immediate loss of blood (ordinarily it would only excite vomiting). There was no return of the severe hemorrhage, hence all that remained for me to do when I arrived at the scene in an hour or so, patient being several miles in country,

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was to enjoin absolute quiet in the recumbent position and administer such remedies as seemed called for, with pieces of ice held in mouth to allay thirst. A diet of beef-tea, and at times a small quantity of iced milk, was enforced for a few days, but little disposition to emesis being evinced, scraped beef, broths, soft-boiled eggs, peptonized milk, etc., was permitted, and a gradual return was made to more ordinary diet. For some days the dark stools gave evidence of more or less hemorrhage, but no vomiting of blood occurred after the first attack. The patient, however, showed evident signs of gastric ulcer for several weeks. These consisted of pain in epigastrium, confined to one spot chiefly, which was sensitive to pressure and aggravated by the ingestion of food. There were also weak, faint feeling in stomach at times, tenacious saliva, tongue flabby and covered with a yellowish-white coating, constipation, etc. Improvement continued steadily until at the end of five or six weeks patient declared herself well.

Patient was instructed to exercise care in diet for several months, and no trouble whatever was noticed from sequelæ.

The remedial treatment following the severe hemorrhage for two or three days consisted of Ipecuanha ^{3x} and Hydrastis ^{1x} in alternation until irritability of stomach was relieved. After that, for two or three weeks the latter remedy—20 drops of first decimal dilution in two-thirds of a glass of water, a teaspoonful once an hour during day—with a powder of Ferrum redactum at breakfast and supper. The menses, which failed to come on at the two periods following the hemorrhage, were promptly restored on administering Pulsatilla.

The peculiarity in this case consisted in the sudden and severe onset of hemorrhage with, comparatively speaking, no premonitory indications of the existence of an ulcer, and the almost uninterrupted convalescence for which I cannot help giving the Hydrastis much credit. Hardly any of our text-books on Theory and Practice even mention the remedy in the treatment of ulcer of the stomach, though we would expect that the beneficial results obtained from it in other diseases of mucous membrane would certainly recommend it here. It appeared to be especially well indicated in this case, and I think the apparently excellent effect following its administration should en-

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courage its further use in similar conditions. In these days there would seem to be a large field for its use in the numerous gastric disorders arising from the use of pernicious foods and stimulants, and the time is doubtless coming when in these, as in other, catarrhs and erosions of mucous membrane, few, if any, remedies in our materia medica will surpass it in usefulness.

D. A. McL.

TREATMENT OF DEMENTIA PARALYTICA; BY DR. P. JOUSSET.

(L'ART MÉDICAL MAY, 1885.)

(Continued.)

Dr. Augusta Voisin's "Traité de la paralysie général des Aliénés" deserves a more thorough study than it has so far received from our American alienists. Here we have a volume of nearly six hundred pages with plates, showing the microscopical changes; an exhaustive symptomatology of the cerebral as well as special symptoms, and closing with the treatment of this, so often considered incurable, disease. We will just glance over his therapeutic measures. Skepticism has done more to prevent advances in the treatment of insanity than anything else; it is so easy to throw discredit on all claims to have relieved such patients because paralysis was so often noted. It is true the therapy of mental diseases is still uncertain, and the cause of this may be found in our haste to find out the psychical symptoms—in order to classify the case under a certain rubric—instead of carefully searching for the somatic symptoms, the modifications in the cerebral circulation, etc. If, e. g., we would study out whether a given case of melancholia was caused by a neuropathy with general anæmia and by anæmia of the brain, or by a cerebral congestion, or by a visceral lesion, or by sexual diseases, or by a trauma, our treatment would be more rational than is too often the case.

At any rate we must not despair of curing paralysis of the insane—before it reaches the fatal stage. The pathological anatomy of this affection shows it to be an inflammatory state of the brain, but this is at first functional, before it gets to be an organic lesion, and even when the patient shows already psychical symptoms we have no right to suppose that the disease

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has passed already into the state of incurability, for there is an intermediate state in which restitution may still be possible. The first period of the disease is a long one, and many years may pass before it gets to be a confirmed malady.

Voisin then speaks of the prophylactic influence of education, which will develop moral liberty, and good moral hygiene is necessary for good intellectual hygiene. Both must go together to make a man perfect, and it is a well-known fact that intellectual work is then a preservative of good health. In his treatment this celebrated alienist of the old school believes in moderate antiphlogosis and alteratives, and often uses the cold bath in suitable cases; I find that our school follows the same path, as the cures published by Hart (Diseases of the Nervous System) were made by Glonoine, Belladonna, Kali iodat. His other drugs: Arsenicum, Baryta, Phosphorus, Plumbum, Zincum, necessarily belong to a later stage.

My mind reverts involuntarily in these congestions of the brain, as witnessed in dementia paralytica, to the dynamic potency of alcohol to quiet this storm, for it produces par excellence a delirium des grandeurs, transcendent and transitory notions of wealth and power, and simultaneously weak and loitering gait, lazy and uncertain movements of the entire body; tremulousness of lips and tongue; thickness and hesitancy of speech; uncertain expression of eyes, a sort of mental hemianæsthesia of the body, till finally paralytic symptoms prevail. How to employ it we leave to the judgment of the physician, though we prefer as a remedy a very high potency, patience, and plenty of sach. lact. The lime preparations follow well, especially as we know their beneficial action in all cases of wasting diseases.

Idiopathic, essential dementia is a mental deficiency, depending upon malnutrition or disease of the nervous system, occurring either before birth or before the evolution of the mental faculties in childhood (Clouston, Mental Diseases 212). But we find in every asylum patients who passed into a demented state by a gradual and progressive deterioration from a previous condition of mental health. For the former our so-called constitutional remedies are well indicated, and none more frequently than: Sulfur, Calcarea, with its diverse adjectives, the salts of

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Sodium, Silica, etc. We cannot help to think here of Schüssler's tissue remedies. This well-known physician considers *Potassium phosphate* a constituent of the brain, the nerves, the muscles, and the blood corpuscles, and a disturbance in the formation of the molecules of this salt causes in the brain mental depression, manifesting itself by irritability, over-sensitiveness, lachrymose tendency, timidity, terror. In the nerves, feeling of lassitude and exhaustion. In the blood-corpuscles, too rapid decay. Here again we have a remedy which needs proving to render it useful to the strict Hahnemannian.

Of *Calcium phosphate* he only says that it is a constituent of the connective tissue and the blood corpuscles and if, at several places of blood-corpuscle formation in the connective tissue Calcium phosphate is not sufficiently present, the development of the young blood-cells will either be defective, or will not take place at all, and a blood-diathesis is gradually developed, which is called anaemia, chlorosis. Hering, in his "Guiding Symptoms," gives us a lack of definiteness or total loss of memory, forgets what he has done a short while ago, wrong words or the same words twice, stupidity, indifference, cretinism; peevish and fretful, she wishes to be at home, and when at home to go out; sallow, dirty complexion; enuresis nocturna, with general debility; curvature of spine to the left; indisposition to mental and physical work; children do not learn to walk or lose the ability; drowsiness, cannot get awake in the morning; rachitis; true bloodlessness; flabby, shrunken, emaciated children.

Sodium chloride is, according to the same author, a component of cartilages, mucous tissues, nerves and blood-corpuscles. We all know that animals are anxious for their salt, as it not only keeps them from degeneration, but aids them in their regeneration. We think that even those whose previous conditions of mind were apparently sound, still suffered even then from latent abnormalities, which finally come to a crisis in an idiopathic insanity. And Natrum muriaticum gives us: incapacity or absence of mind; confusion of ideas; indecision; does not know what to say; loss of memory, forgets what he would write; cannot remember what happened yesterday; confusion as after much mental exertion; sallow, earthy complexion (torpid chlorosis); paralytic soreness of the back, cannot stand

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erect nor walk, diminished when lying down; lassitude and weakness.

Of *Silica* Schüssler remarks that the effect produced by it upon the brain, spinal cord and nerves must be referred to the connective tissue covering of the nerve fibres. A remedy which acts so markedly upon nutrition must show curative effects in congenital and idiopathic dementia, and Dunham in his Lectures gives us clear indications for its use, to which we would refer our readers, for there are not many drugs which have all the evidence of exhaustion and at the same time hyperæsthesia and a stubborn will-power.

Seguin has shown in his work on congenital brain-weakness that much can be accomplished by prophylaxis and education. Neurasthenia and its treatment brought out many a good work, and the preaching of good morals is still going on, but so far people keep on living as if violated nature would fail to exert her rights, and the physician has to patch up what he could not prevent, what now he cannot fully eradicate. Thus it was; thus probably it will be for all time to come.

COLD BANDAGING OF THE LEG IN INSOMNIA.—Dr. Von Gellhorn has found the following plan very useful in inducing sleep in persons who suffer from insomnia. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out of cold water. The leg is then bandaged with this, the wet portions being carefully covered by several layers of the dry part, as well as by a layer of guttapercha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winternitz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage, the decrease amounting to 0.4° cent., and the normal not being again reached for from one and a half to two hours afterwards. The author has employed this means of procuring sleep, for a couple of years, and finds it especially useful in cases where there is congestion of the cerebral vessels. Sometimes he has found it necessary to reapply the bandage every three or four hours, as it dried.—*British Med. Journ.*, November 7, 1885.

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MISCELLANY.

DISINFECTANTS.

The following are the conclusions drawn from the report of the Committee on Disinfectants of the American Public Health Association:

The most useful agents for the destruction of spore-containing infectious materials are;

1. Fire. Complete destruction by burning.
2. Steam under pressure. 110° C. (230° F.) for ten minutes.
3. Boiling in water for one hour.[1]
4. Chloride of lime.[2] A four per cent. solution.
5. Mercuric chloride. A solution of 1 to 500.

For the destruction of infectious material which owes its infecting power to the presence of micro-organisms not containing spores, the Committee recommended:

1. Fire. Complete destruction by burning.
2. Boiling in water half an hour.
3. Dry heat. 110° C. (230° F.) for two hours.
4. Chloride of lime.[3] One to four per cent. solution.
5. Solution of Chlorinated Soda.[4] Five to twenty per cent. solution.
6. Mercuric Chloride. A solution of 1 to 1,000 to 1 to 4,000.
7. Sulphur dioxide. Exposure for twelve hours to an atmosphere containing at least four volumes per cent. of this gas, preferably in presence of moisture.[5]
8. Carbolic acid. Two to five per cent. solution.

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[1] This temperature does not destroy the spores of *B. subtilis* in the time mentioned, but is effective for the destruction of the spores of the anthrax bacillus and of all known pathogenic organisms.

[2] Should contain at least twenty-five per cent of available chlorine.

[3] Should contain at least three per cent. of available chlorine.

[4] This will require the combustion of between three and four pounds of sulphur for every thousand cubic feet of air-space.

[5] The addition of an equal quantity of potassium permanganate as a deodorant, and to give color to the solution, is to be recommended (*Standard Solution, No. 2.*)

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9. Sulphate of copper. Two to five per cent. solution.
10. Chloride of zinc. Four to ten per cent. solution.

The Committee would make the following recommendations with reference to the practical application of these agents for disinfecting purposes:

FOR EXCRETA.

(*a.*) In sick-room:

For spore-containing material:

1. Chloride of lime in solution, four per cent.
2. Mercuric chloride in solution, 1 to 500.[6]

In the absence of spores:

3. Carbolic acid in solution, five per cent.
4. Sulphate of copper in solution, five per cent.
5. Chloride of zinc in solution, ten per cent.

(*b.*) In privy-vaults, etc.:

Mercuric chloride in solution, 1 to 500. [7].

(*c.*) For the disinfection and deodorization of the surface of masses of organic material in privy vaults, etc.:

Chloride of lime in powder. [8].

FOR CLOTHING, BEDDING, ETC.

(*a.*) Soiled under-clothing, bed-linen, etc.:

1. Destruction by fire, if of little value.
2. Boiling for at least half an hour.
3. Immersion in a solution of mercuric chloride of the strength of 1 to 2000 for four hours.
4. Immersion in a two per cent. solution of carbolic acid for four hours.

(*b.*) Outer garments of wool or silk, and similar articles which would be injured by immersion into boiling water or in a disinfecting solution:

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[6] A concentrated solution containing four ounces of mercuric chloride and one pound of cupric sulphate to the gallon of water is recommended as *Standard Solution No. 3.* Eight ounces of this solution to the gallon of water will give a dilute solution for the disinfection of excreta, containing about 1 to 500 of mercuric chloride, and 1 to 127 of cupric sulphate.

[7] For this purpose the chloride of lime may be diluted with plaster of Paris, or with clean, well-dried sand, in the proportion of one part to nine.

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1. Exposure to dry heat at a temperature of 110° C. (330° F.) for two hours.

2. Fumigation with sulphurous acid gas for at least twelve hours, the clothing being freely exposed, and the gas present in the disinfection-chamber in the proportion of four volumes per cent.

(*c.*) Mattresses and blankets soiled by the discharges of the sick:

1. Destruction by fire.

2. Exposure to super-heated steam—twenty-five pounds pressure—for one hour. (Mattresses to have the cover removed or freely opened.)

3. Immersion in boiling water for one hour.

4. Immersion in the blue solution (mercuric chloride and sulphate of copper), two fluid ounces to the gallon of water.[9]

FOR FURNITURE AND ARTICLES OF WOOD, LEATHER AND PORCELAIN. [10]

Washing, several times repeated, with,—

1. Solution of mercuric chloride, 1 to 100. (The blue so-solution, four ounces to the gallon of water, may be used).

2. Solution of chloride of lime, one per cent.

3. Solution of carbolic acid, two per cent.

FOR THE PERSON.

The hands and general surface of the body of attendants, of the sick, and of the convalescents at the time of their discharge from hospital:

1. Solution of chlorinated soda diluted with nine parts of water (1 to).

2. Carbolic acid, two per cent. solution.

3. Mercuric chloride, 1 to 1000, recommended only for the hands, or for washing away infectious material from a limited area, not as a bath for the entire surface of the body.

FOR THE DEAD.

Envelope the body in a sheet thoroughly saturated with,—

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[9] The blue solution which contains sulphate of copper, diluted by adding two ounces of the concentrated solution to a gallon of water, may be used for this purpose.

[10] For articles of metal, solution No. 3.

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1. Chloride of lime in solution, four per cent.
2. Mercuric chloride in solution, 1 to 500.
3. Carbolic acid in solution, five per cent.

FOR THE SICK-ROOM AND HOSPITAL WARDS.

(*a.*) While occupied, wash all surfaces with,—

1. Mercuric chloride in solution, 1 to 1000, (the blue solution containing sulphate of copper may be used).
2. Chloride of lime in solution, one per cent.
3. Carbolic acid in solution, two per cent.

(*b*) When vacated:

Fumigate with sulphur dioxide for twelve hours, burning three pounds of sulphur for every thousand cubic feet of air-space in the room; then wash all the surfaces with one of the above-mentioned disinfecting solutions, and afterwards with soap and hot water; finally throw open the doors and windows and ventilate freely.

FOR MERCHANDISE AND THE MAILS.[11]

The disinfection of merchandise and of the mails will only be required under exceptional circumstances; free aeration will usually be sufficient. If disinfection seems necessary, fumigation with sulphur dioxide, as recommended for woolen clothing, etc., will be the only practical method of accomplishing it.

FOR RAGS.

(*a*) Rags which have been used for wiping away infectious discharges should at once be burned.

(*b*) Rags collected for paper-making during the prevalence of an epidemic should be disinfected before they are compressed in bales by,—

1. Exposure to super-heated steam (twenty-five pounds pressure) for ten minutes.
2. Immersion in boiling water for half and hour.

(*c*) Rags in bales can only be disinfected by injecting super-heated steam (fifty pounds pressure) into the interior of

[11] In order to secure penetration of the envelope by the sulphur dioxide, all mail matter should be perforated by a cutting-stamp before fumigating.

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the bale. The apparatus used must insure the penetration of the steam to every portion of the bale.

FOR SHIPS.

(*a*) Infected ships at sea should be washed in every accessible place, and especially the localities occupied by the sick, with,—

1. Solution of mercuric chloride, 1 to 100 (the blue solution heretofore recommended may be used.
2. Solution of chloride of lime, one per cent.
3. Solution of carbolic acid, two per cent.

The bilge should be disinfected by the *liberal* use of a strong solution of mercuric chloride (the concentrated solution —"blue solution"—of this salt with cupric sulphate may be used).

(*b*) Upon arrival at a quarantine station an infected ship should at once be fumigated with sulphurous acid gas, using three pounds of sulphur to every thousand cubic feet of air-space; the cargo should then be discharged on lighters; a liberal supply of the concentrated solution of mercuric chloride (four ounces to the gallon) should be thrown into the bilge, and at the end of twenty-four hours the bilge-water should be pumped out and replaced with *pure* sea-water; this should be repeated. A second fumigation after the removal of the cargo is to be recommended; all accessible surfaces should be washed with one of the disinfecting solutions heretofore recommended, and subsequently with soap and hot water.—*The Therapeutic Gazette.*

THE EMPLOYMENT OF ANTIPYRIN IN THE TREATMENT OF EPISTAXIS.—Dr. Lavrand (*Journ. de Med.*, November, 1885) refers to two cases which seem to show that antipyrin possesses the power of arresting epistaxis. Dr. Lavran used it in the from of a three per cent. solution. It is employed by soaking a morsel of cotton in the solution, and then introducing it into the nostril, which is then closed by making pressure with the finger over the compress.—*The Therapeutic Gazette.*

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THOMASVILLE IN SOUTHERN GEORGIA AS A WINTER RESORT FOR INVALIDS.

There are hundreds of invalids here are out every day, walking, driving or riding horseback, who would, if at home in the north, be confined to the house. A year ago I was not able to leave my room for three months, and for three weeks was laid up in bed. Cough, fever, asthma, bronchitis, pleurodynia, and profuse sweatings. Last summer I was more of an invalid than during any previous summer. Last September I had an attack of asthma with more of heart complication than in previous attacks. I left Orchard Lake three months ago. Have been in Thomasville since the beginning of December. Have had no return of asthma, no cough, no recurrence of any of the old difficulties. Have been out every day without any exception. I do not think there has been three days without sunshine. About half a dozen rainy days in three months. No snow the past three months. It was really cold during one week in January. The thermometer sank on Jan. 10th to 12°. It has averaged for December, January and February 55°. For March it will probably be 65°. The temperature is about 65° now every afternoon. The peach trees are in bloom, the fig and pear trees are budding out, the gardens fragrant with flowers, the farmers planting corn and potatoes. It is spring here. The butterflies are on the wing. The weather is quite as balmy as we ever have it in Michigan three months later.

A very fine-looking old gentleman, ten years my senior (74), whom I met a few days ago, told me that he came from Minnesota to this place fifteen years ago. In that state he had been fighting bronchitis for thirty years; here, he says, he soon became entirely relieved, and has remained well.

Prof. M'Guire came here with lung trouble. He is now very much better, and will, I trust, return to Detroit entirely well.

This place is preferable to Western Texas, as it is exempt from the *Northers* that are a great drawback to the Texas climate.

It is better than Florida for many reasons. I will merely name four: (1.) It has very much less of malaria. (2). It is

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more elevated and consequently has a drier atmosphere. (3). It has much finer water than I found at any place during three somewhat extended tours through the Palmetto State. (4). It is more accessible.

There are two large hotels with accommodations for about 500 guests. Rates $20 to $25 per week. Some smaller hotels charge $15 per week. Probably a hundred private houses receive boarders at from $7 to $15 per week.

In the *Observer* for September last I spoke of Tallahassee, Florida, which is some thirty miles south of Thomasville. Tallahassee presents many attractive features. It is the only hilly place I found in Florida. Thomasville has no steep hills; it is, however, a beautiful place, surrounded by a rolling country, amid the murmuring pines. The pines predominate, but many other beautiful trees are found, such as the magnolia and live oak. In the gardens during the winter we find the camellia, japonica, rose, tuberose, narcissus, jonquil, violet, and many others of delicate fragrance and surpassing beauty. The China tree (Melia Azederach) is a very common ornamental tree of the south, but the favorite shade tree here is the evergreen oak, which gives a cheerful look to the little city at all times of the year.

Thomasville can be reached from Chicago, Detroit, Buffalo, or New York in about forty hours by rail. Patients can get through sleepers and drawing room cars from nearly all the northern cities. From Chicago they should come via Indianapolis, Louisville, Nashville, Chattanooga, and Atlanta. From Detroit, via Cincinnati, Lexington and Chattanooga. From New York, via Philadelphia, Baltimore, Washington, Lynchburg, Bristol, Knoxville, Chattanooga and Atlanta. Steamers leave about three times a week from Boston, New York and Baltimore for Savannah, which is only 200 miles distant from Thomasville.

Any patients commended to my care shall be waited upon with the best service I can render them.

E. A. LODGE, Sen. M.. D.

THOMASVILLE, Georgia, February 26, 1886.

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STRAWS.

CLINICAL ASPECTS OF GLYCOSURIA.—Dr. F. W. Pavy, in an introduction to a discussion in the Section of Medicine of the British Medical Association (*Brit. Med. Journal*, Dec. 15, 1885), took occasion to make some clinical remarks regarding glycosuria. First as to age. In an analysis of 1,360 cases recorded in his consulting room case-books, eight cases occurred under ten years, 57 under twenty, 97 under thirty, 224 under forty, 339 under fifty, 418 under sixty, 182 under seventy, 34 under eighty, and one case over eighty. Of the eight cases under ten years, two occurred at two, one at three, one at five, two at seven, and two at nine. Some interesting points are given in relation with family history. There can be no doubt that the disease runs in families. In one family, three sisters and both parents suffered from this disease. In another, four out of five members were subjects of diabetes. Jewish people, in the author's experience, are more liable to this disease than are other races, and in them it is more amenable to treatment. The onset of the disease in one set of cases is insidious, in another it is quite sudden. The duration varies within very wide limits. It may go on for years without seriously impairing the patient's general health, or it may terminate speedily in death. A case is related of a patient, aged forty years, who died in diabetic coma in three days after the diabetic condition had been definitely recognized. The most acute case noted was in a patient of Dr. Russell Reynold's, aged fifty-three, the subject of epileptic attacks for three years previous. Albumin had been known to be present in the urine for the past five or six years. Three weeks before Dr. Pavy saw him, the urine had been examined for albumin and sugar with negative results. When Dr. Pavy saw him the diabetic symptoms were severe in the extreme. Three days later he died in diabetic coma. The cases that go on for years are usually within elderly people, though a similar chronicity is met with in younger people. In a young lady, aged nineteen, the disease had lasted eight years and a half, and the patient still enjoys apparently good health. From time to time cases are met with in which the disease is entirely eradicated. It is worthy of notice that diabetes insipidus and

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mellitus may exist together. With regard to the physical condition of organs in diabetes, a hypertrophic state of the liver is found in many instances, but Dr. Pavy cannot say whether it is of the ordinary form of hypertrophic cirrhosis. Abnormal conditions of the nervous system are very common, especially spinal. Dr. Pavy has seen so many cases of ataxia associated with the disease that he thinks there is some connection between the two. They sometimes come on together, and sometimes the ataxic symptoms precede the diabetes, or, on the other hand, the diabetes may have existed a long time before the ataxia shows itself. Exophthalmic goitre he has seen twice in connection with this disease. He does not believe in acetonæmia, but is rather inclined to believe that the coma depends upon exhaustion of certain nerve-centres. Nor is the fatty condition of the blood frequently observable in diabetic patients the cause of the coma, as fat exists normally in the blood after the ingestion of a meal containing much fatty matter. Albumin is sometimes present in the urine, and may continue for years without being accompanied with any serious results.—*New York Medical Journal.*

AN IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.—A correspondent writes to *The Lancet*, November 7, 1885, concerning what he considers a great improvement in the operation for cleft palate. Hitherto great difficulty and not a little danger have arisen from hemorrhage during the operation, necessitating frequent and very skillful assistance, periodical discontinuation of the anæsthetic, and distinct intervals in the performance of the operation. In addition to these, other and minor troubles are experienced. All these difficulties may be avoided, and the operation rendered perfectly safe and easy, by the simple process of inversion as applied to the head only. This can easily be attained by bringing the patient's shoulders well up to the end of the operating-table, and allowing the head to hang over the edge in the fully extended position. In this position the roof of the mouth would be horizontal or slightly inclined downward toward the operator, who should stand at the head of his patient. The anæsthetic is given through the nose by a small tube, and is quite out of the way of the surgeon. Only one assistant is required, who should stand at the left of the operator.

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In paring the edges no change of hands is required, but the corresponding hand should be used in elevating the tissues of the hard palate and in passing the sutures. Under the circumstances no blood can enter the larynx or œsophagus, the palate remains unobscured by blood, and whatever hemorrhage occurs finds its way into the nasal cavities, and at the conclusion of the operation may be emptied by simply turning the patients head to one side.—*Medical Record*, Dec. 5, 1885.

THE TREATMENT OF RHUS TOXICODENDRON POISONING.—Dr. Silas Hubbard reports in the *Peoria Monthly* for November, that he has obtained good results in the treatment of rhus toxicodendron poisoning by the application of a strong infusion of stramonium leaves.—*The Therapeutic Gazette.*

THE TREATMENT OF BURNS.—Dr. Meurisse speaks very highly of gold-beaters' skin as an application to burns (*Medical Record*, Dec. 5, 1885). He says that it never becomes adherent to the skin as other forms of dressing do, the pain and inflammation are much less marked, and the wound heals much more rapidly. The gold-beaters' skin may be washed with cold water at each dressing, and can be used again and again. The liniment or other applications may be made directly to the skin and covered with the tissue. The same substance may be used in dressing blisters after the application of a vesicatory.—*Therapeutic Gazette.*

A NEW METHOD OF DIAGNOSING PREGNANCY IN THE EARLY MONTHS.—The sign on which Professor Hegar comments (*Am. de Gynec.*, Sept., 1884) is a peculiar softness, a certain subtileness, and a thinning of the lower segment of the uterus, which is immediately above the insertion of the sacral uterine ligaments. This condition can be easily verified, not only when the uterus is resistant, as is usual, but still more so when it is elastic and soft. Even in these cases it is possible, by depressing the lower part of the uterus, to distinguish it from the superior portions and from the rigid cervix. The softness of this part is such that one might imagine that the cervix was simply in contact with a pelvic or abdominal tumor. We do not know what pathological condition of the womb can present such symptoms. The cause of this remarkable sign exists in the fact that the inferior segment of the uterus becomes, dur-

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ing pregnancy, the finest part, the softest, and the most elastic. It thence results, that in practicing the rectal touch with the abdominal palpation, it is possible to feel between the fingers this portion of the uterus, with the characters it presents.—*Medical and Surgical Reporter.*—(*The New England Medical Gazette.*

SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The General Secretary has the pleasure to announce to the members of the Institute and to the profession generally that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at 10 o'clock A. M., and continue in session *four* days, or longer, should the interests and business of the Institute require it. The local committee of arrangements has contracted with the proprietor of the Grand Union Hotel (in one of the large parlors of which the meetings will be held) to entertain the members of the Institute, and others who may attend the meeting, at reduced rates and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangement will be appreciated. In addition to the attractions of the place, the national reputation of the hotel and the favorable time fixed for the meeting, the other inducements to attend should not be underrated. The various bureaux (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June. Blank applications for membership can be obtained from R. B. Rush, M. D., Chairman of the Board of Censors, 120 Main St., Salem, Ohio, or of the General Secretary, 960 Penn Ave., Pittsburgh, Pa.

J. C. BURGHER, General Secretary.

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THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The thirty-fifth annual session of the Hom. Med. Society of the State of New York met at the Common Council Chamber of the city of Albany, at 10 o'clock, A. M., of February 9th, 1886. President M. O. Terry, of Utica, called the meeting to order. There were present during the first session: Dr. George W. Winterburn, Dr. A. B. Norton, Dr. Egbert Gurnsey, Dr. T. F. Allen, C. F. Sterling, Dr. Henry C. Houghton, Dr. C. A. Bacon, Dr. E. M. Kellogg, New York; Dr. George E. Gorham, Dr. H. M. Paine, Dr. Catherine E. Gowey, Dr. E. D. Jones, Albany; Dr. R. B. Sullivan, Broome; Dr. W. K. Randel, Cayuga; Dr. N. Hunting, Chautauqua; Dr. H. L. Waldo, Chenango; Dr. P. W. Mull, Chenango; Drs. S. E. Calkins and C. P. Clark, Columbia; Dr. Anna C. Howland, Delaware; Drs. A. R. Wright, F. Park Lewis, L. A. Bull, Erie; Dr. W. M. L. Fiske, Dr. E. Hasbrook, Brooklyn; Geo. M. Dillow, Hahnemann hospital, New York; George Allen, Oneida; Dr. John J. Mitchell, Oswego; Dr. E. S. Coburn, Rensselaer; Dr. W. W. French, Saratoga; Dr. E. W. Bryan, Steuben; Dr. A. J. Frantz, Seneca; Dr. A. J. Holden, Washington; Dr. John N. Tilden, Westchester; Dr. J. M. Lee, Dr. Edwin H. Wolcott, Dr. Thomas D. Spencer, Monroe.

The president's address was listened to with close attention. He referred to the struggles of the legislative committee to prevent unjust discriminations. He recommended that the county societies be strengthened by making every homœopathic physician an active member, both in the county and State societies. He recommended that the clause, "I hereby acknowledge that I believe in the law 'Similia similibus curanter,'" be stricken from the by-laws as a requisite for membership, so that any regularly-graduated physician should be admitted unconditionally. In consequence of the partiality shown by the State board of charities, its abolishment was recommended, in accordance with Governor Hill's suggestion in his inaugural.

ROUTINE BUSINESS TRANSACTED.

President's Address—Drs. Paine, Guernsey, Spencer.

Credentials—Drs. Gorman and Wolcott.

Auditing—Drs. Hasbrouck, Winterburn, Lee.

Invitations—Drs. Paine, Wright.

Regent's Degree—Drs. Lewis, Dillon, Jones.

Chairman of bureaux—Drs. Honghton, Dayfoot, Allen.

The following permanent members were nominated by the board of censors: Russell F. Benson, Troy; S. M. Brayton, Buffalo; Walter R. Chase, Poughkeepsie; Wm. B. Griffin, Utica; George G. Shelton, New York; E. V. Brown, Tarrytown; A. B. Norton, New York; J. H. Kearney, Oswego; W. E. Hathaway, Hornellsville; H. J. Os-

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born, New York; N. M. Calkins, Rochester; A. M. Gammon, Corning; C. E. Campbell, Elmira; J. F. Barnard, Clyde; Catharine Walker, Fredonia; L. A. Bell, Buffalo; E. H. Wolcott, Rochester.

Honorary members—H. C. Allen, Ann Arbor, Mich.; Elias Vernon, Hamilton, Ontario, Can.

The report of Dr. Coburn, treasurer, showed a balance of $139.70, between the receipts and disbursements of the past year, counterbalanced by liabilities of $328, making an actual deficiency of $189.70. The report was referred to the committee on auditing.

Dr. F. Park Lewis critized at some length the present method of printing and distributing 250 copies of incorrectly reported transactions. The matter was referred to a committee.

The nominating committee then returned the following names, which were placed in nomination, as officers for the ensuing year: President, Dr. Henry C. Houghton, of New York; vice-president, Dr. F. Park Lewis, of Buffalo; second vice-president, Dr. G. W. Winterburn, of New York; secretary, Dr. Herbert M. Dayfoot, of Rochester; treasurer, Dr. E. S. Coburn, of Troy.

Dr. Egbert Guernsey presented a report from the committee on medical education, accompanying it with critical remarks on the subject, and expressed a hope that examinations would be made more thorough.

Dr. Houghton, chairman of the bureau of otology, read from that bureau a paper by Dr. W. P. Fowler, on "Dulcamara as a Remedy in Catarrh of the Middle Ear," and one on "Tissue Remedies of the Ear," by himself. After the discussion of these papers, the session adjourned.

THE AFTERNOON SESSION.

The afternoon session began at 2:30 o'clock, with the report of Dr. A. B. Norton, chairman of the the bureau of ophthamology, who described minutely two cases of defective vision which he had treated, and then read a paper prepared by Dr. Alton G. Warner, of New York, on "Phlyctenular Ophthalmia."

Dr. A. R. Wright read a paper on "Morbility Reports," from the bureau of vital statistics. He made a strong plea for the collecting and compiling of vital statistics which in England and France is carried to such a degree of perfection. The efforts of the late Dr. J. Savage Delavan in compiling statistics for this State had been successful to a marked degree, but even his system was not perfection.

Dr. Guernsey, of the committee on the president's address, reported favorably on the recommendation in the address, and they were taken up separately and discussed.

The clause endorsing Gov. Hill's view of abolishing the State

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board of charities was tabled, although a large number were in favor of its adoption.

The high potency subject provoked considerable discussion, Dr. H. M. Paine claiming that adherence to it was not homœopathy, but a mere notion, and he favored a motion antagonizing it.

Dr. Brown took the opposite in so far that investigation and experiment should not be hampered or restricted. He thought the next fight would be between medicine and no medicine, and that the true aim of the society should be to favor all attempts to find out where the potency of medicine ceases.

Dr. Geo. E. Gorham corroborated this view, and declared that as yet it was impossible to draw the line of demarcation between the recuperative forces of nature and the curative power of drugs. In the use of higher potencies the difficulty of the matter is greatly increased, without doubt, but all possible investigation on that point is desirable.

Drs. Spencer, Lewis, Bull and Bakeman discussed the subject pro and con. Dr. Allen thought that all methods should be left open to a possible following, and that no scientific body could afford to limit investigation on any subject. The matter was tabled indefinitely. The other recommendations were adopted, and fifty dollars were raised for the cost of compiling and printing an index to the tenth volume of transactions.

Dr. Herbert M. Dayfoot, chairman of the bureau of obstetrics, reported several papers, one on "The Management of the Third Stage of Labor," being read by the author, Dr. E. S. Wolcott, and one by Dr. J. Freeman Atwood on "Mechanical Aids to Parturition, Non-Instrumental," read by title.

Dr. G. W. Winterburn, in place of Dr. F. F. Laird, reported from the bureau of materia medica, and read the following papers: "Dropsy of Pregnancy," by C. Judson Hill, of Utica, and "Materia Medica of Ascites," by himself.

From the bureau of histology was reported to be read the following paper by Dr. J. M. Scheley, on "The Great prevalence of Nephritis, as Shown by the Microscope," in the course of which he stated that "Life insurance companies are apparently in perfect ignorance of the existence of catarrhal nephritis and its serious complications." He stated that he had once attended a Brooklyn gentleman for a probable tuberculosis of the kidney, who was accepted for $50.000 in one company, and another rival company was after him for a policy of $30,000. His parents and several brothers and sisters died of tuberculosis.

THE EVENING SESSION.

The evening session opened with an able paper on "Medical

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Progress," by Prof. H. F. Biggar, of Cleveland, Ohio. He showed that the life of a thousand persons is now equal in duration to that of 1,070 previously, and that 1,000 births will now keep up the growth of our population as well as 1,070 used to. He enumerated some of the progressive tendencies of the medical profession, naming particularly the introduction of anæsthetics, ether, chloroform, nitrous oxide, hydrate of chloral and cocaine. The treatment of wounds by the use of improved antiseptics; also, the many improvements in surgical treatment. He instanced the very decided evidences of medical progress in the prevention of disease as well as in relieving and curing it; the check that was placed upon the spread of epidemic cholera during the past year in Europe was strong proof of this fact. He also spoke of diminished mortality in epidemics of cholera, typhoid and yellow fevers; the decided increase in the percentage of cures effected in cases of insanity.

To show the progress homœopathy had made, he quoted from the recent report to the American Institute of Homœopathy, showing that there are in this country twenty-nine State societies, 102 local societies, twenty-one medical clubs, twenty-five general hospitals under homœopathic control, thirty special hospitals, fifty dispensaries, and thirteen homœopathic colleges, from which were graduated, last year, 365 homœopathic physicians. The value of exclusively homœopathic hospital property is nearly $4,000,000. The number of patients admitted into these hospitals, during 1885, was 11,385. The number of patients treated during the same period, at homœopathic dispensaries, was nearly 100,000, and the number of prescriptions upwards of 300,000. In conclusion, he counseled still greater activity, and recalled the fact that progress had only been made slowly, and what was needed was permanent application and loyalty.

Dr. Brown read an interesting paper on "Dynamization and Force," which was followed by an extended and exhaustive report of the committee on legislation. This embraced several papers, including one by Dr. H. M. Paine. The session continued until ten o'clock, adjourning to the same hour next morning.

SECOND DAY.

The society met at 10 o'clock, A. M., with an increased attendance. The proceedings were opened with a report on clinical medicine by Dr. George E. Gorham, of Albany. The report embraced three papers: "Epidemic cholera," by Dr. H. M. Paine, of Albany, in which were embodied summaries of circulars issued by the state boards of health, which contain all the essentials regarding the most approved methods for arresting the progress and securing the control and entire eradication of this peripatetic scourge; "Lead colic," by Dr. George Allen, of Waterville, giving its etiology, morbid anatomy, pathology,

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symptoms, prognosis, treatment and prophylaxis; "Gangrene of the lungs," by Dr. F. Lenggenhager, of Utica, in which the history of an interesting and instructive case was given in detail; "Etiology of Asiatic cholera," by Dr. J. N. Tilden, of Peekskill, embracing the means of communication, various theories regarding the cause of its origin, recent investigations into the germ theory, favorable conditions for the growth of the poison, the origin of the germ being in India, and closing with a review of Koch's theory of the disease.

REPORTS OF COMMITTEES.

Dr. Spencer, from the bureau of surgery, reported two papers, one of which, "The value of ovarian pathology in etiology of mammary neoplasms," by Dr. H. I. Ostrom, was read by title, and one on "Urethral stricture of large calibre," which was read by the author, Dr. J. M. Lee. The board of censors reported in favor of the admission of the following named persons as members, and they were duly elected.

Dr. T. Morris Strong, of Ward's island, Dr. William H. King, of New York, Dr. C. A. Graves, of Ticonderoga and Dr. William W. Seeley, of Albany.

ELECTION OF OFFICERS.

The society then went into an election of officers, with Drs. Sterling and Gorham as tellers. The following were chosen:

President—Dr. Henry C. Houghton, of New York.

First vice-president—Dr. F. Park Lewis, of Buffalo.

Second vice-president—Dr. Titus L. Brown, of Binghamton.

Third vice-president—Dr. E. W. Bryan, of Corning.

Secretary—Dr. H. M. Dayfoot, of Brooklyn.

Treasurer—Dr. E. S. Coburn, of Troy.

Censors—Northern district—Drs. A. W. Holden, S. J. Pearsall and W. T. Laird. Southern district—Drs. F. E. Doughty, E. S. Hasbrouck, A. B. Norton. Middle district—Drs. M. O. Terry, George E. Gorham, F. L. Vincent. Western district—Drs. A. S. Couch, N. Osborn and E. H. Wolcott.

Chairmen of bureaux were designated as follows:

Materia Medica, Dr. T. F. Allen; Clinical Medicine, Dr. H. L. Waldo; Obstetrics, Dr. E. S. Hasbrouck; Gynæcology, Dr. A. R. Wright; Mental and Nervous Diseases, Dr. S. Lilienthal; Ophthalmology, Dr. C. F. Sterling; Otology, Dr. Wm. P. Fowler; Laryngology, Dr. George M. Dillow; Histology, Dr. Chas. McDowell; Climatology, Dr. H. M. Paine; Pædology, Dr. Gertrude G. Bishop; Surgery, Dr. Thomas D. Spencer; Vital Statistics, Dr. Elias L. Brown; Necrologist, Dr. A. W. Holden.

After a lively ballot Niagara Falls was selected as the place for the semi-annual meeting over Poughkeepsie and Syracuse. Brighton

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Beach was one of the places suggested, its racing and pool attractions being descanted upon in a humorous vein by several of the members.

The special committee appointed to examine the qualifications of Drs. S. Lilienthal, E. S. Hasbrouck, Titus L. Brown and E. S. Coburn as candidates for the regents' degree, reported favorably, and they were duly elected and will be recommended to the regents of the university for the degree.

Drs. H. M. Paine, George M. Dillow and F. Park Lewis were appointed a committee to report at the next annual meeting regarding the design for which the honorary degree of doctor of medicine was created.

A resolution of Dr. Dayfoot that all papers accepted by the society may be published elsewhere than in the transactions at the option of the authors was adopted.

Drs. Wright, Paine and Brown were appointed a committee on clinical experience to settle the potency question.

Dr. Thomas D. Spencer presented a report from the bureau of surgery with a paper by himself on "Tracheotomy in Diphtheritic Laryngitis with Post-operative Treatment." The paper was valuable in that it presented some indisputable arguments founded on practical experience of the benefit of tracheotomy judiciously employed in diphtheritic croup and laryngeal diphtheria.

Dr. H. M. Paine next offered a long preamble with reference to the subject of legislation with the following resolution:

Resolved, That the committee on legislature be instructed to endeavor to prevent the repeal of the law of 1872, creating state boards of medical examiners; also to secure an amendment thereto providing for a withdrawal from the medical colleges of the right to grant licenses to practice medicine in this State.

This was adopted, and after the transaction of some further routine business the society adjourned *sine die*.

COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

Prof. Arndt and his assistant, Mr. Rudy, have been making great improvement in the dispensary.

C. D. Long, '84, of Adrian, Mich., visited the department last week. He contemplates going to Chicago soon to enter upon the practice of his profession.

Almost every member of the different faculties has been sick lately. Whether from climate, badly ventilated lecture rooms, overwork, or the late examinations, the deponent saith not.

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Profs. Stowell and Sewall have been very seriously indisposed, but as in their cases great improvement is reported we have the hope of seeing them resume their work at an early date.

The junior class, after mature deliberation, have organized, with the following result in the election of officers: President, G. L. Bailey; vice-president and treasurer, A. S. H. Gooding; secretary, A. Merrill; marshall, R. C. Taylor; historian, S. G. Milner; critic, M. B. Snyder; executive committee, G. L. Bailey, S. E. Snyder and J. C. Campbell.

MEMORANDA.

Prof. R. Ludlam has been reappointed a member of the State Board of Health of Illinois.

The scarcity of medical colleges in this country is so apparent that Cornell University is seriously thinking of affording relief by establishing a medical school.

A prize of twenty-five guineas is offered by Major Vaughn Morgan, of London, England, for the best short essay on "Medical Treatment, with especial reference to the scientific system of Hahnemann." Competition is open to the world.

Dr. Donaldson, of New York, a rising and very able gynæcologist and writer of our school, is obliged to take a long rest. The old story, overwork.

The *Physician's and Surgeon's Investigator*, of which the January number is just at hand, appears in a new dress, "too sweet for anything," and under the management of Drs. Asa S. Couch, of Fredonia, N. Y., and F. Park Lewis, of Buffalo, with Dr. A. R. Wright, and others well-known to the profession, on the editorial staff. With such an editorial force to guide the "*Investigator's*" destiny, the journal is bound to become a power in the land.

And speaking of journals, A. L. Chatterton, of New York, "did himself proud" in sending to the subscribers of the American Homœopathists a fine picture of Dr. Winterburn, the editor. Of other journals none dare imitate the example, for our friend Winterburn is by all means the handsomest looking chap in our small editorial clique.

Dr. Henry C. Houghton has been elected President of the New York County Homœopathic Medical Society, and, we are told, Dr. Winterburn's *Pocket Repertory* will be issued soon.

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BUSINESS MANAGER'S COLUMN.

A RARE CHANCE.—A physician having a large practice in a town of 400 inhabitants and the surrounding wealthy farming community, with practically no opposition, desiring to locate in a larger town, will sell his property, consisting of house, office and barn for $1,200, and leave his practice to the purchaser. Address E. A. BAGLEY, Horton, Mich.

If your COUNSELOR does not come duly to hand notify the Business Manager at once. And if you have not received a *receipt for last year's subscription* from us, it is probably because you are still in arrears. *Please notify us at once.*

In order to meet the demand from new subscribers who wish to have Vol. XI complete we will gladly pay 10 cents each with postage, to anyone who will return us one or more copies of our Feb. 1st issue (No. 1, Vol. XI). If you do not wish to subscribe for the Journal you will confer a favor by sending us at once the above mentioned number.

We are glad to know that Arndt's "System of Medicine" is meeting with such a flattering reception at the hands of the profession everywhere. It deserves no less. For information concerning price, etc., see F. E. Boericke's "ad" in another column. Also discount to students and physicians on catalogue books elsewhere.

On page six of advertising pages Halsey Bros. mention among the many excellent special preparations furnished by this popular and reliable house, Cibil's Fluid Extract of Beef, which our subscribers will find to be one of the most valuable preparations of beef offered to the profession. For price, digestibility and nourishing properties it cannot be surpassed.

"A long lane that has no turn." A recent issue of the *Indianapolis Sentinel* has the following:

"In the Federal court, yesterday, Dr. H. W. Taylor, of Terre Haute, was given a verdict for $10,000 damages against Dr. H. J. Rice, of Rockville, the case having been on trial for two weeks, and the jury returning a verdict in fifteen minutes after leaving the court room for consultation. About two years ago, a Mrs. Nevins, of Park County, died of supposed criminal practice, and, at the instigation of Dr. Rice, Dr. Taylor was arrested and indicted for the crime. Nothing was proved against him on the trial, and he was acquitted. He then brought suit against Dr. Rice for malicious prosecution with the result indicated."

We congratulate Dr. Taylor and, we might add, are glad to know that the expert testimony of our colleague, Prof. Obetz, went so far in accomplishing the happy result.

The cost of the epidemic of small-pox in Montreal is likely to reach $5,000,000.

"The difference between J. Gould and J. Gough" said the student "is that J. Gough talks water, and J. Gould waters stock." "Two thin subjects" said the Professor of dental surgery, "tooth in to talk about."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan,

Subscription Price, Three Dollars a Year.

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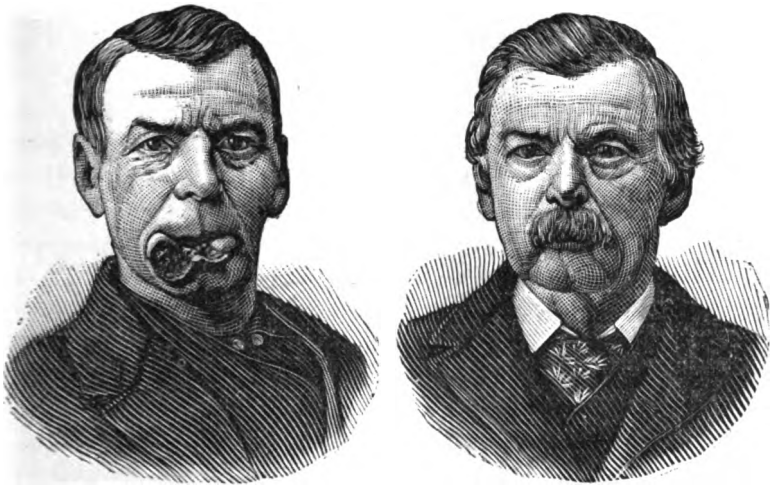
SURGERY.

SURGICAL CLINIQUE, HOM. MED. COLLEGE, U. OF M.

(SERVICE OF PROFESSOR H. L. OBETZ.)

REPORTED BY G. J. CARON, CLINICAL REPORTER TO THE CHAIR OF SURGERY.



JOHN REIDY, AGED 60 YEARS; EPITHELIOMA. AMPUTATION OF UNDER LIP AND ETIRPATION OF SUB-MAXILLARY AND SUB-LINGUAL GLANDS.—John Reidy, aged 60 years, presents himself in clinique Oct. 31, 1885. Family history good. Mother died young; he does not know of what disease. Father is living, now over 80 years of age, and is a very healthy man. Has always had the best of health until three years ago, when the present trouble commenced. Was a great smoker at that

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time; a blister came upon that part of the lip upon which the stem of his clay pipe rested. A scab formed, and this was picked off, but sore did not heal; went to a cancer doctor who promised to cure him; the doctor put on a plaster which took off part of the lip, but eschar did not heal. Later another cancer doctor tried the case, but failed, and since then many other doctors have seen the case and pronounced it incurable and beyond the hope of operative interference being of even temporary benefit. He further states that the ulcer does not pain much, but when there is pain it is a stinging, eating, gnawing kind. It bleeds some.

Physical examination reveals the whole lip infiltrated, the centre occupied by a foul-smelling, excavated ulcer, with everted edges, the surface discharging a thin ichorous pus. The sub-lingual and sub-maxillary glands are involved; they are indurated, but not attached to the skin. The finger in the mouth shows no infiltration or attachment of mucous membrane. Cervical lymphatic glands not involved, and apparently healthy.

CLINICAL REMARKS.—There is little doubt as to the diagnosis in this case, but, still, we must give this some attention. We must remember that there are many affections of the lip which closely resemble each other, and a careless diagnostician may be guilty of neglect. as mistaking one affection for another may make the gravest kind of mistake in attempting a treatment. The affections of the lip which in many respects resemble each other and appear as ulcers on the lip are: syphilis, primary or tertiary, lupus, epithelioma, and rodent ulcer.

We exclude chancre or syphilis in the shape of an ulcer by the history of the case, which is of long standing here; in acute syphilis the history is short, the glands are affected, and there are other evidences of the skin eruptions peculiar to the affection. In old cases, where the ulcer is a tertiary symptom, we have the antecedent symptoms, and constitutional concomitants which do not appear in this case. The ulcer then is not due to syphilis in any form.

Lupus is a disease which appears in early life for the most part; the ulcer is surrounded by nodules which break down;

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crusts may form, but under these and over the whole surface there is a fine cell infiltration. The tubercles are "apple jelly like," as authors express it, and they completely or partially surround the ulcer. The history, glandular affection, and characteristics of ulcer exclude this, and we go farther.

Rodent ulcer is an affection which appears in persons well along in life, spreads steadily, destroying all tissues as it goes; it never infects the glands, has a smooth, even surface, and may long remain stationary; it may in fact heal up and then break out again.

As then it lacks the essentials of syphilis, lupus, and rodent ulcer, it must belong to the last of the common affections of this region:—epithelioma.

This is a disease which attacks persons in middle life, or the old; it commonly takes its origin from the junction of mucous membrane and skin, the lip being its favorite seat, then the other outlets and inlets of the body. Mucous membranes, tongue, cheeks and larynx are also favorite seats of the affection. It usually depends on some form of irritation, such as a projecting tooth which continuously wounds the lip, or from the irritation of a pipe stem, as was the case here. Smoking is said to furnish the irritation in a large proportion of cases; the lower lip being the one affected in almost all persons. Women are almost exempt.

The disease may appear as a crack in the lip with indurated edges, as a movable tumor or tubercle, as a crust, which this patient describes as a blister, or the process may start in pre-existing warty growths. After ulceration once begins, the ulcer appears as this one does, the tissues around are infiltrated, making an indurated base, the edges are everted, the surface is uneven, the discharge is sanious or ichorous, and the pains are like the pains complained of by this patient, burning, stinging, gnawing ones. Here the sub-lingual and sub-maxillary glands are hard, indurated, and evidently involved. There is no apparent disease of the lymphatic set of glands, which is of course favorable for the patient.

PATHOLOGY.—Examination with the microscope should reveal cells of an epithelial type, in tubular masses, which can be squeezed out of the cut surface like comedones, called by

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pathologists epithelial nests. Clinically this is the least malignant form of cancer, and is frequently cured by complete removal. The deep seated structures escape during a great part of its progress.

TREATMENT.—The question is, may we operate in this case? Will an operation arrest the disease, is there a chance of cure, or must the patient be given up to his loathsome disease and be allowed to die? By looking over the literature, you will find many cases cited which seemed hopeless, and free removal ended in complete cure. Operative interference certainly retards the progress, should a cure fail. For reference I refer you to a case cited by Bryant in his recent Surgery, page 394, in which each operation was succeeded by a longer period of rest. In another case cited on the same page, another operator removed the whole lip, resected a great portion of the jaw, and formed a new lip from the tissues of the neck, with a fair result.

Erichsen too bears witness to the good results when complete removal is possible. If the glands are involved, we may, according to this writer, remove them, however extensive the involvement, the only requisite being complete removal. Helmuth, Smith, Stimpson and Hamilton substantially agree with these opinions.

If the glands are extensively adhered to the skin, an operation is contra-indicated. We may promise this patient a respite of some months, or even a year, as the majority are said by good authors to come back within that time. He may further escape, and a complete cure is known to have followed even worse cases than this. In spite then of the very unfavorable prognosis he brings with him, we will first amputate the lip, and afterwards extirpate the glands involved. I do this as I desire as rapid healing of the wound as possible, and in removing the sub-maxillary gland I may cut the facial artery which lies imbedded in its posterior part, and thus delay the repair power of the tissues from lack of blood supply.

What is the best to remove the lip with, the knife or the caustic?

Here the "cancer" doctor serenely bobs up, having tried the caustic treatment and scored a failure. Caustics, to be

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effectual, must destroy all the diseased tissue down to the healthy. The trouble with the cancer quack is, he does not know how to use his remedy, and only teases the disease into active life with his escharoctic agent. Many patients present themselves in clinique as this one does, with his last chance for life jeopardized by these wolves in human form. They always promise a cure, and the victim finds out too late how delusive the hopes are which are held out to him by their method which seeks to avoid the "knife." Hamilton expresses himself clearly on this point, and thinks ten are made worse where one is cured by this method. All authors agree that the knife is the surest and safest. The whole lip will have to be removed in this case, and some cells may nest in the tissues covering the bone, etc; after free removal I shall burn the base of the wound by a free application of "pottasa cum calce" to make sure of having a healthy base, with no live cancer cells in it.

Operation set for Nov. 4th.

Nov. 4th. Has diarrhoea, with nausea, straining to stool, some thirst for large quantities of water. Thinks he is bilious, and that eating fresh meat is the cause. ℞. Merc. sol 3ˣ. Operation postponed to Nov. 11.

Nov. 11. Lip removed by cutting, and base thoroughly cauterized. Hæmorrhage free, and four arteries tied.

Nov. 14. Wound is doing well, and the indurated glands seem less irritated and somewhat smaller. They feel less sore. Lip redressed and chin drawn up by adhesives.

Nov. 21st. Wound doing well except one part in which the granulations look a little doubtful. These were freely cauterized, and the wound dressed as before.

Dec. 9. Lip entirely healed, healthy gum line showing above. Both the sub-maxillary and sub-lingual glands again seem irritated. Glands removed by curved incision over sub-maxillary and sub lingual glands. This latter is firmly encapsuled and soft down in centre.

Dec. 12. Wounds healing nicely.

Dec. 16. Wounds healed, and patient discharged cured.

A letter dated Feb 8th, accompanying the above photograph, shows that the scar is healthy; he feels well. Patient expects to return in spring and have lip restored by plastic operation. Saliva now drools from corners of mouth, owing to absence of lip.

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NEW PROCEDURE FOR REMOVAL OF SMALL CALCULI.—Although lateral lithotomy is a most successful operation in male children, it must, I think, be acknowledged that in the case of small calculi, this operation is a severe one, considering the small size of the irritating body to be removed. Erichsen remarks, "Very many boys are cut for stone every year, and recover; but I scarcely recollect to have met with a middle-aged adult who had been operated on in childhood." Case—A boy, aged 4½, stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone. December 10, under chloroform; dilated his urethra, by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed readily, but No. 9 was slightly grasped in its passage. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4,000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized, and fixed between the blades. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal wall over the pubes, and for a short distance above it. The various tissues were divided, until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite, and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to

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escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage-tube introduced into it so as to aid the escape of any urine which might flow from the bladder wound. Irrigation with corrosive sublimate solution (1 to 2,000) was employed, with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first 36 hours the urine was slightly tinged with blood, passed principally by the abdominal wound; but, after this, it flowed through the catheter, which had been secured in the bladder. Forty-eight hours after operation both drainage tube and catheter were removed, the patient not having had the slightest bad symptom. For 12 hours after the removal of the drainage-tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation. It may be said that this is simply a suprapubic lithotomy, and so it is; but I maintain that it is a much less serious proceeding than the ordinary supra-pubic operation, as the bladder is scarcely disturbed, and the wound made in it is very limited. Its advantages over lateral lithotomy are: (1) That the urethra, prostate, and the neck of the bladder are left uninjured; (2) that it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children. It requires a little manipulative dexterity to seize the small stone. but not more than a surgeon should possess. In certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable.—Thomas Annandale, F. R. S. E., in *British Medical Journal*, Jan. 2.

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GYNÆCOLOGY AND PÆDOLOGY.

GYNÆCOLOGICAL CLINIQUE, HOM. MED. COLL. U. OF M.

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY HATTIE M. SWATHEL, CLINICAL REPORTER TO THE CHAIR OF GYNÆCOLOGY.

FIBROID TUMOR OF THE CERVIX.—Mrs. T., aet. 28, Whitehall, Mich. Mrs. T. comes to us through the kindness of Dr. Waters, of Whitehall. She is of American parentage, has been married 10 years, and has given birth to two living children. Two years ago she had a miscarriage at the eighth month of gestation. Two weeks after this her husband took from her a tumor about the size of a child's head at term, with a pedicle some two inches long. The removal of this tumor caused no pain, and she did not even consult a physician in regard to it. The only bad symptoms which caused her any suffering previous to this time were those incident to "getting up" too soon after the birth of her second child, seven years ago; she had, in common parlance, a weakness for which an external supporter was worn with but little relief. The menstrual functions have been performed with the utmost regularity, being normal as regards both quantity and duration, and comparatively free from pain.

During the last few months there has been an uncomfortable fulness in the vagina, with strangury, especially if the bladder is allowed to become distended before urinating. Last Thursday she went to Dr. Waters for an examination, when a large tumor was found in the vagina, almost completely filling the pelvic cavity.

There are some very confusing, as well as interesting, features connected with this case. Upon first making a digital examination my finger passed into an opening at the "fundus" of the mass presenting at the vaginal outlet which very much resembled the external os. It is, however, too soft and friable to correspond to uterine tissue, unless in a state of degeneration; by sweeping the finger around the base of the growth I was able to feel the posterior lip of the cervix, ribbon-like in form, lying against that portion of the tumor which is continuous with the anterior lip. The finger is obstructed in its passage upwards at the external os, by adhesions nearly obliterating the

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cervical canal; an opening exists, however, large enough to admit the passage of the sound, which passes into the uterine cavity about five inches.

The examination made thus far was comparatively painless, but for the purpose of making the diagnosis certain the patient was anæsthetized, and the investigation continued. It would seem at first thought that the possibility of the tumor being an inverted uterus was entirely removed by the use of the sound. Yet, it must not be forgotten that we have a certain degree of inversion in connection with a pediculated fibroid, and the sound might have passed into one of the Fallopian tubes. By resorting to the bimanual, however, the uterus was found in its normal place, and an abdomino-rectal examination did not detect the depression or truncated condition pertaining to inversion. Nor is there the same degree of tenderness which characterizes the fundus of an inverted uterus. The abdomino-vaginal exploration is very unsatisfactory, owing to the fact that the growth completely fills not only the vagina, but nearly, if not quite, the whole pelvic cavity.

I think, therefore, that this is unquestionably a sub-mucous fibroid of the cervix. It can hardly be called a polypus, because the pediculation, which constitutes polypi, is present only to a limited degree; possibly the process of pediculation might continue until a pedicle were formed, the tumor thus becoming strangulated and expelled spontaneously, as before. This termination, however, is not probable in the present formation, for the reason that the whole anterior wall of the womb seems to be involved in the growth. It is of a much softer consistence than are fibroid tumors ordinarily, but you will remember that I told you the correct name for so-called fibroma is fibro-myoma, for the reason that both the non-striped muscular fibers and the fibrous tissue of the uterus enter into their formation. There is a marked variation in the proportion of these constituents, and occasionally the muscular tissue predominates; when it does, the tumor is soft and grows very rapidly. Again, there are certain degenerative changes which may have induced the softening, namely, fatty or myxomatous. The former is somewhat analogous to the changes affecting the muscular fibres of a puerperal uterus, but owing to the fact that, in

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the great majority of cases, there is only a small quantity of muscular tissues present in the harder varieties of fibroid, this form of degeneration is exceedingly rare. Where myxomatous degeneration occurs there is formed, between the layers of the tumor, spaces containing mucous. That is exactly what I expect to find in the present case, though there are some evidences of suppurative changes. It is well to remember that induration and calcification are also degenerative changes incident to fibrous, so that instead of becoming softer they become harder. Thus it is that after the menopause we frequently have an atrophy or shrinking of the tumor, preceded by an induration. Sir J. Y. Simpson has recorded a case where he was able to demonstrate, post mortem, that the muscular tissue had taken on a fatty degeneration, the fibrous tissue contracting, thus in this manner producing induration and atrophy. You have heard of the so-called "womb stones;" these are the result of a deposition of lime salts in fibromatous growths, the deposit usually commencing in the center of the tumor and extending outward, though it may form as a shell, entirely surrounding the tumor, so that a section can be made with a saw and the cut surface polished. Calcification rarely, if ever, affects the submucous fibroid, being confined to the subperitoneal and interstitial varieties. When suppuration occurs, it is usually the result of injury, as from a deficient blood supply, caused by pressure, as twisting of the pedicle. Occasionally calcification and suppuration occur simultaneously in the same tumor. The probabilities are that the opening into which the finger passed, upon making a brief examination, is the result of a localized abscess from some cause, for the patient says that some two months ago there was a discharge of pus from the vagina not unlike that coming from a large carbuncle.

The more prominent symptoms incident to fibroma within the uterine cavity are entirely wanting in the present case. Menorrhagia, metrorrhagia and dysmenorrhœa have not at any time been present, and for that reason I am inclined to think that the formation was originally attached to the cervix, growing downward into the vagina; this is the usual direction of growth when submucous, the sub-serous and interstitial varieties growing outwards into the peritoneal cavity or downwards

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into the cellular tissue beside the vagina, frequently producing incarceration from becoming wedged in the pelvis, owing to their low position. Mrs. S. complains only from the pressure-symptoms, resulting from the tumor crowding upon the rectum and bladder.

As to the treatment of the present case there is little left for us to do but remove the offending mass. I am afraid that physiological doses of ergot would be of little avail in diminishing the amount of blood passing to the tumor, thus cutting off the nutrition and starving it, as it were, to death. Hildebrandt was, I believe, the first to call the attention of the profession to this important method of treatment, but it is rarely applicable after the tumor has been extruded into the vagina. Indeed, I am inclined to think that the beneficial results of ergot in fibroma is due more particularly to its action upon the unstriped muscular fibres of the uterus, squeezing the blood out of the tumor by exciting that organ to prolonged contractions. Nor have I very much faith in the action of homœopathic remedies controling the untoward symptoms liable at any time to supervene, and the element of time is of great importance where suppuration is liable to occur, for the reason that the absorption of septic matter is so readily accomplished in the region of the cervix. I shall then remove the tumor by the process of enucleation, incising the capsule around the base of the tumor, and with my fingers, aided by the knife, scissors and a Simpson's nail currette, dissect it out. Hæmorrhage constitutes the greatest element of danger during the operation, and the absorption of septic matter after it. To control the hæmorrhage, we will have on hand an unlimited supply of hot water with a good Davidson syringe; to avoid septic infection and control the hæmorrhage after the enucleation, we will apply Churchill's tincture of iodine. Under no circumstances should the persulphate of iron be used as a styptic in this locality. It acts in a mechanical way by coagulating a mass of blood which soon undergoes decomposition, thus affording a new source of septic material. Iodine, on the contrary, possesses most valuable antiseptic as well as styptic properties, and should, therefore, always be used in operations in the region of the uterus.

[NOTE.—The patient was under the influence of the anæsthetic

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forty-five minutes. Hæmorrhage was profuse during the operation, but the iodine readily controlled it as soon as it could be applied. The tumor extended nearly up to the fundus uteri, and it was with difficulty torn from its capsule. The patient, however, made a good recovery, and promises to return in a few weeks for the purpose of having a recto vaginal fistula closed and a lacerated perineum repaired.]

CARCINOMA OF THE VAGINA.—I want to show you a carcinomatous specimen which I yesterday removed from the vagina of a woman 81 years old, in consultation with Dr. Walker, of Salem. You will see that it is papillary in form, has a broad base, and is about the size of a small fist. I show you this because of the rarity of carcinoma primarily affecting the vagina. The statistics of Beigel show that out of 8,287 cases of carcinoma of the generative tract only 14 occurred primarily in the vagina. The patient from whom this tumor was removed had carcinomatous nodules throughout the cellular tissue of the left side of the pelvis, and the left limb is enormously swollen, yet the cervix is perfectly free from cancerous contamination. By pressing upon the bladder, the tumor interfered with micturition, and it was for the purpose of relieving the mechanical pressure that the operation was resorted to. Of course, the disease is incurable, and the only object to be gained by surgical interference is a short period of relief from the dysuria.

HENRICHEN: STRICTURE OF THE VAGINA CAUSED BY SPASM OF THE LEVATOR ANI.—While these cases are rare, still they are on record, where, during coitus, the *fœtus* is firmly retained within the female sexual organs, as is the rule in certain animals. Scanzoni explained such cases on the assumption of spasm of the constrictor vaginæ; Hildebrandt was of the opinion that spasm of the levator ani was the prime cause; Sims considered the cause to be constriction of the upper portion of the vagina by a muscle the existence of which is purely hypothetical, since dissection fails to reveal it. Now, the researches of Hyrtl prove that the levator ani consists of three portions; an anterior, springing from the pubes, and spreading out into the vulva; a middle, arising from the tendinous center, spreading to the anus, and commingling with the external sphincter; a posterior, arising behind the rectum from the spine of the

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ischium, and commingling partially with the fibres of its fellow from the other side, and partially with the coccygeal muscle, being inserted into the coccyx. It is evident that contraction of the anterior portion will narrow the lumen of the vagina. The following case, observed by Henrichsen, is illustrative of the mechanism: Patient aet. 25, first menstruation at 15, one miscarriage two years ago. Complained of pain in abdomen, irregular menstruation. On vaginal examination the finger was seized by a circular contraction about 3 cm. broad, and could not reach the cervix. The finger was withdrawn and introduced into the rectum, whereby greater pain was caused than is ordinarily the case. The finger of the left hand was now introduced into the vagina, the right finger still in the rectum; the constriction had disappeared, no vaginismus existed, the cervix could be easily reached. Evidently here the spasm of the levator ani was overcome by the finger, and coincidently the constriction in the vagina was relieved. In an obscure case of vaginal stricture, therefore, rectal examination is imperative.—(*Am. Jour. of Obstet. and Diseases of Women and Children.*)

At a recent meeting of the *Chicago Gynæcological Society*, Dr. Chas. Warrington Earl presented for Dr. Joseph Harrer a teratoma which had many of the external characteristics of a pup. The mother was married at nineteen years of age, and was a person possessing strong likes and dislikes. She had been married one and a half years, always regular as to her courses up to July 21st; the usual signs of early pregnancy were present six weeks after the cessation of menstruation. Upon visiting the patient a few days later, the doctor found her exceedingly nervous and highly excited. She related, in a most excited manner, "that a dog had jumped on her, and that she hated dogs." The family confirmed her statement relative to her great dislike for canines, and said that, asleep or awake, her mind seemed to dwell upon the subject, fearing her babe would be marked. Threatening symptoms of abortion appeared from time to time, until on the night of Nov. 1st, Dr. H. was called to attend his patient while aborting. The monstrosity corresponded in development to the third month, and bore an unmistakable resemblance to a pup. Notwithstanding the frequent occurrence of similar cases, there are those who dogmatically assert the impossibility of maternal impressions being thus conveyed to the fœtus. J. C. W.

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THEORY AND PRACTICE OF MEDICINE.

ACUTE INTESTINAL OBSTRUCTION.

(FROM A LECTURE ON OBSTRUCTION OF THE BOWELS, BY PROF. D. A. MCLACHLAN).

REPORTED BY G. B. KELSO, ASSISTANT TO THE CHAIR OF THEORY AND PRACTICE.

By intestinal obstruction is understood a condition in which a mechanical impediment exists to the passage of the contents of the bowels along the intestinal canal. A condition, very obscure in its origin, very perplexing as to diagnosis, especially in the early stages, and correspondingly difficult to decide as to the proper measures to be adopted, either to relieve the patient or to effect a cure.

In most cases the onset is sudden, and generally bears a striking resemblance to an attack of some form of colic. These cases may be better considered under two heads—acute and chronic.

The former come on suddenly, the symptoms are violent, and unless relief is obtained in a few hours or a few days at most, death is the inevitable result.

The latter class arise more slowly, the symptoms are more chronic and less violent, and are not unfrequently spontaneously relieved, without the aid of a physician perhaps.

But we must not conclude from this that cases of obstruction of the bowels are always so clear-cut and well-defined as to permit of such a classification. In actual practice many cases will partake of the symptoms of both acute and chronic, so that it will be extremely difficult to determine to which division they properly belong.

Acute cases often subside and become chronic in character, and old chronic cases suddenly change and become acute.

The most frequent causes of the first class are, congenital malformations, twisting of the intestines, foreign bodies becoming impacted, invagination, strangulation by false membranes, mesenteric pouches, etc.

Congenital stricture or occlusion, is usually confined to the rectum or anus—it may arise from congenital peritonitis, and if so, is generally located at the sigmoid flexure or ilio-cæcal re-

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gion—the orifice may be so small as to not permit the feces to escape, or the rectum may be entirely absent.

Twisting or volvulus is due to lengthening of some portion of the mesentery; a deposit of fecal matter takes place in that portion of the bowel, paralyzing it by the enormous distension, so that the living, moving parts around it twist it upon itself, thus effectually preventing the passage of the feces. Bands of fibrin may form from inflammation and a portion of the intestine become entangled and constricted by it, etc.

Foreign bodies causing obstruction comprise such a variety of substances or things, either introduced into the body by swallowing, etc., or concretions formed within the body, such as gall-stones, enteroliths, etc., that it would be utterly useless, in the space of a short article to try to enumerate them. They occlude the bowel, either by their bulk or by exciting muscular irritability, which causes spasmodic stricture, or perhaps surrounds it with an inflammatory deposit which holds the object so firmly imbedded that nothing will move it onward. The inflammatory process may go on to ulceration and sloughing, ultimately discharging the foreign body into the abdominal cavity, setting up, in most cases, fatal peritonitis. If adhesions to the abdominal wall take place, it may be discharged externally. If it is of such a size and shape as to permit its passage along the intestinal canal, it may make its way slowly, giving rise to colicky pains and symptoms of partial obstruction. It is most likely to lodge at the cæcum or sigmoid flexure, but may finally reach the rectum, where it is extruded by the natural tenesmus or by artificial aid.

Invagination is caused generally by a portion of the intestine being driven into that immediately below it, "telescoping" it, either from violent peristaltic action, or from a portion having become paralyzed and that immediately above falling into it. The lumen of the bowel is thus diminished and the irritation or inflammation that necessarily follows, only increases the obstruction. A polypus or other tumor attached to the lining of the intestine is likely also from its dragging downward to cause intussusception. At first only a small portion is involved, but, by the peristaltic action set up, it is rapidly increased in size until the length is several feet; instances

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have been known in which the ileum has traversed the whole length of the colon, the ileo-cæcal valve presenting at the anus. The invaginated portion usually sloughs off, and is discharged per anum; in favorable cases, the blood-vessels of the healthy bowel above and below the dead portion pour out lymph, which, becoming organized, closes the breach and completes the tube.

Space will not permit a consideration of the numerous other causes and condition, of intestinal obstruction.

The symptoms of acute obstruction vary somewhat, according to the location and nature of the trouble; but an ordinary case will present about the following condition. For several days, perhaps, the patient experiences a slight, constantly increasing distension of the abdomen, attended with constipation and more or less colicky pains. Or the onset may be sudden, with every appearance of violent, flatulent or spasmodic colic. Sooner or later, however, eructations, nausea and vomiting supervene, and at this period usually the physician is called. In some cases a careful examination of the abdomen by palpation and percussion will reveal a lump or tumor, or a portion of the abdomen, sensitive to pressure, but in many cases nothing of the kind is discoverable at this stage. In spite of the ordinary means for relief, the condition continues to grow worse. The pain is of a sharp, persistent and progressive character—the vomit, at first irregular and consisting of remnants of food, mucus and bile, soon acquires the odor of feces; the abdomen becomes more and more distended and the obstipation complete, the enemata returning just as injected. At an early period the face assumes an expression of great distress, the extremities are cool, and the pulse small and frequent. The skin, at first dry, becomes bathed with a clammy sweat, having, like the breath and vomit, a fecal odor. The urine is generally scanty and passed with difficulty, or entirely suppressed and loaded with urates. If peritonitis sets in, the pain becomes more acute, the bowels more tympanitic, the face assumes a hippocratic look, stercoraceous vomiting is persistent, pulse is small and frequent; the mind may be unimpaired, but there is ordinarily more or less delirium or coma toward the last, and the patient soon dies in a state of collapse. If gangrene has set in, the pain disappears, and there is felt a grateful sense of

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relief, and perhaps hope of recovery, but death follows no less rapidly and certainly.

An early diagnosis of the cause and location of the occlusion, as well as the fact that obstruction exists, is of the greatest importance, from the bearing it will have upon the treatment of the case.

In all cases a careful examination should be made for external strangulated hernia. A small or incomplete hernia may easily be overlooked. When an old hernia is present, whether reducible or not, if the case is doubtful and urgent, an operation for strangulated hernia should be performed.

Functional obstruction is sometimes met with, closely resembling occlusion from structural changes, but it is usually found in nervous or hysterical women, and the history, course and termination of the malady, will generally determine its nature.

In congenital occlusion and malformation, the history of the case, the age of the patient (infancy), and the fact that it is almost always confined to the anus and rectum, will usually render the diagnosis easy.

In obstruction due to foreign bodies becoming impacted in the intestines, the fact that the patient has previously swallowed some foreign body or has been subjected to some of the conditions which cause the formation of enteroliths (concretions formed from powdered chalk, magnesia, vegetable husks or fibres, hair, strings, etc., etc., that have been swallowed from time to time). These concretions are most often found in the cæcum or colon, and are accompanied usually with symptoms of indigestion, emaciation, constipation and other evidences of bad health, before complete occlusion takes place.

Obstruction from gall-stones is generally or often preceded by the characteristic pains of hepatic colic and by jaundice. It is usually seen in the middle period of life, and four times as often in women as in men.

Obstruction from internal hernia or from membranous bands, loops, etc., are most difficult to diagnose. The sudden onset and rapid course, together with the extreme prostration, incessant vomiting and steady, fixed pain would lead us to suspect the source of the trouble. Probably the most character-

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istic symptom of this kind of occlusion is the very great and prolonged depression of vital power, and its occurrence in early adult life.

The uneven distension of the abdomen, one side flattened and the other tympanitic, is thought by some to be diagnostic of twisting of the bowel.

The pathognomonic symptoms of intussusception are the early age of the patient—rarely from other causes in children—the sudden onset, the frequent urging to stool, tenesmus, and the bloody mucous, shreddy discharges. When the upper part of the small bowel is the seat of trouble, the diagnosis is almost impossible, but often, when lower down, a sausage-like tumor may be recognized by palpation, or the invaginated part felt in the rectum, or seen protruding through the anus.

To sum up, we may say as a general rule, that the higher up the site of the obstruction is, the more acute and urgent are the symptoms. The onset is sudden, pain intense, vomiting early, and soon becoming stercoraceous, abdomen distended early and rapidly, constipation insuperable. and collapse and death soon follows. Recent observers tell us that the secretion of urine is less in constriction of the small bowel than in the large. In such cases the exact location of the obstruction is impracticable, as a rule; but in the colon or rectum, the precise seat may often be determined by digital or manual examination, or the use of the bougie or tube. The bowel, below the occlusion, may be full of feculent matter, so that its discharge spontaneously or by the use of enemata, may deceive the attendant until the case is far advanced.

The average duration of life in acute intestinal obstruction is six days; death may ensue in a few hours, or not for 10 or 12 days. The nearer to the pylorus, the more rapid is the progress to a fatal issue.

Treatment.—Few, if any, diseases will embarrass the practitioner more, and when the exact site and nature of the occlusion cannot be determined, in none will the treatment necessarily be more uncertain and empirical. Happily, however, the diagnosis between acute and chronic cases can almost always be made, and a patient investigation of the history of the case, the mode of invasion, and a rigid analysis of the symptoms,

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will usually enable the physician to decide, not only as to the nature of the disease, but also as to the cause and site of the occlusion. The practitioner should never yield to the urgent solicitations of the patient, or his or her friends, or to his own inclinations, perhaps, to use purgatives and irritating enemata, formerly so often resorted to, in the hope of forcing a passage through the bowel. They only add to the nausea, vomiting and peristalsis, already, perhaps, a source of depression and danger. The old time resorts of the exhibition of quicksilver, croton oil, shot, etc., have long since been abandoned. In these cases the use of remedies, though advocated by many, is of very questionable utility, and certainly could not, and should not, be relied upon, in any sense, to overcome or remove a mechanical obstruction, such as we find existing in most cases of intestinal occlusion.

In all cases the chief aim, in the beginning, at least, is to secure as nearly as possible absolute rest, in the hope that the diagnosis may be made clear, and that nature, by her numerous devices, may happily restore the normal condition of the parts. Her efforts may be assisted by the adoption of such measures as will, while tending to remove the abnormal condition, cause the least possible irritation and annoyance to the patient.

Enemata of simple warm water, introduced by means of the Davidson or fountain syringe, is a useful measure, except when inflammation is great, gangrene threatening or in existence, and in fixed invagination. One or two gallons should be injected slowly with intervals of rest, with the patient in the knee-elbow or Sims left lateral position and under an anæsthetic. Sometimes inflating the bowel with air by means of a common bellows and a piece of rubber tubing is used instead of the enema, but the relaxing effect of the warm water upon the bowels, and its solvent action on concretions, etc., give it the preference in most cases.

Abdominal taxis or massage, performed while the patient was in a warm bath, under chloroform or using an enema of warm water, has sometimes been successful in removing the constriction. It should only be attempted, however, in the early stage, and then with the utmost tact and gentleness.

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Warm applications externally also relieve pain, and may subdue any tendency there may be to inflammation.

In invagination occurring low down, replacement by the fingers or sound should be tried.

Great care should be taken to support the strength by concentrated and nutritious food, and in latter stages by stimulants. To control the vomiting, prevent inflammation, collapse, etc., the indicated remedies, as Ipec., Acon., Arsen., Nux, Cuprum, Verat. alb., &c., may be found useful. Probably no treatment will accomplish so much in relieving pain and vomiting, securing rest, overcoming peristaltic action and in placing the patient in the best possible condition for operative procedures, as opium, and no one should hesitate to administer small doses of morphia or codeia, hypodermically and frequently repeated as found necessary. To carry it farther than to relieve the most painful symptoms, and secure quiet and rest, is an abuse of the remedy, and will only mask the condition and deceive both the patient and physician. When the accumulation of gas is enormous, tapping is often resorted to, but is not always certain or safe. It may be followed by escape of fecal matter into the peritoneal cavity, but, notwithstanding the risk, the relief experienced will warrant its use in suitable cases.

In acute cases, and when the diagnosis of occlusion is certain, after trying the various remedies and expedients recommended for a few hours, or, at most, a day or two, if no relief is obtained, laparotomy should at once be resorted to. About the only cases in which the operation is contra-indicated are, intussusception and those due to enteritis or peritonitis. The subjects of intussusception are usually children, and dislodging the bowel is not always possible, owing to adhesions, etc. Moreover, many result in spontaneous cures from the bowel righting itself, or by sloughing of the invaginated part. Delay in opening the abdomen in acute obstruction after ordinary measures have failed is almost certain to be followed by peritonitis, gangrene and death, and the surgeon who hesitates at such a time is as culpable as the one that delays herniotomy for unrelieved external strangulated hernia. When the abdominal cavity has been opened, the distended gut is easily

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found, and the fingers carried on down until the site of the obstruction is reached and the cause discovered. If the constriction is due to bands or adhesions, they should be cut or broken up. If internal hernia is found to exist, or the bowel has slipped into a pocket or fissure, it should be withdrawn; if from volvulus, the bowel should be untwisted. If a foreign body is felt impacted, unless it can be moved on until it has passed the ileo-cæcal valve, without injuring the lining of the bowel, it should be removed by an incision and the wound closed by sutures.

Enterotomy, originally performed by Nelaton, is less dangerous than laparotomy. An incision is made in the groin, parallel with Poupart's ligament; when the abdomen is opened, a coil of intestine is stitched to the sides of the incision and a small opening made in the bowel, establishing a fecal fistula. It is applicable when the obstruction is in the lower part of the ileum or upper part of the colon, or as a palliative when the diagnosis is not clear and the case otherwise hopeless.

Entorectomy and colotomy are recommended by some surgeons, but chiefly in chronic cases.

HYDATID CYSTS OF THE ORBIT.—Dien draws the following conclusions from his observations upon hydatid cysts of the orbit: 1. Hydatid cysts of the orbit are identical with similar cysts found elsewhere; the vesicles are solitary or multiple, hooklets are but rarely found. 2. These tumors are more frequent in men than in women. 3. The symptoms are the same as those of other encysted tumors of the orbit. 4. The progress of these tumors is usually slow, though it may in exceptional cases be quite rapid. 5. The diagnosis of a serous cyst is usually easy on account of the resistance of the tumor; but it is not possible to determine absolutely the nature of the cyst, for which an exploratory incision is necessary. 6. The prognosis is serious for the organ of vision, because of the frequent loss of the eye; but these tumors are usually cured when the operation is done early in the disease. 7. Confirm the diagnosis by an exploratory puncture; then make a large incision, keep the lips of the wound upon by a drainage-tube, and, when the bag presents in the wound, remove it entire by careful dissection. *N. Y. Med. Journal.*

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MATERIA MEDICA AND THERAPEUTICS.

IGNATIA AMARA.

NOTES FROM A LECTURE ON IGNATIA AMARA, BY PROF. H. R. ARNDT. REPORTED BY R. C. RUDY, ASSISTANT TO THE CHAIR OF MATERIA MEDICA.

The presence of strychnia in both Ignatia and Nux accounts for the, in many respects close, similarity existing between the two remedies. This similarity is fully recognized by the dominant school. Their experiments with Ignatia are chiefly concerned with fixing the amount of strychnia contained, and scarcely any mention is made of this drug in their works on materia medica. The few experiments made with Ignatia upon animals, (Orfila), and the limited number of cases of poisoning with it recorded strongly confirm the position of the old school, and were it not for the symptoms obtained by provings upon the healthy, a differentiation between Ignatia amara and Nux vomica would present many difficulties. That a difference exists is easily demonstrated by the fact that cases occur which superficially present features common to both these remedies, but refuse to yield to one, while promptly recovering under the exhibition of the other. Were the two remedies alike, possessed of the same curative powers, a given case would as readily be cured by one as by the other.

MENTAL GROUP.—The state of mind, under Ignatia, is one of great depression. The prover is inclined to sit still, brooding over things; everything about him is clad in sombre colors. There is a feeling as though everything were going wrong; as if something had happened, *or were about to happen*, so terrible that the pressure of this trouble, about to precipitate itself upon him, is almost more than he can bear. He is not necessarily demonstrative about it; in fact, he prefers to be by himself, to nurse his sadness and to cultivate his gloom and the apprehensive state of his mind. He sighs deeply, often and unconsciously. There is yawning and weariness, often sleepiness, a state of self-indulgence. There is dull, heavy headache, with vertigo. And the mental condition, while one of great, settled sadness, does not by any means destroy a naturally affectionate disposition.

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Nux also has a certain amount of despondency. In Nux, however, this dependency not only holds a less conspicuous place in the pathogenesy of the remedy than it does in Ignatia, but there is stamped upon the Nux patient an air of *impatience* and *irritability* which is easily recognized; the despondency of Ignatia, on the other hand, lacks this element of "crabbiness," is a more conspicuous feature of the case, and is tinged, in both sexes, with a coloring of "sentimentality" which is the very reverse of Nux. The Nux case is irrascible, self-willed; the Ignatia-case almost always yielding, mild, gentle.

HEAD SYMPTOMS.—The characteristic headache of Ignatia is a severe pain as if a nail were driven into the head, more frequently, perhaps, in the parietal and vertical region. There may be merely a sensation of heaviness, as if congested, on the top of the head or in the (right) frontal region. Any attempt on part of the prover to concentrate his attention upon the actions or saying of someone else, leads to an aggravation. The Ignatia-headache is likely to be accompanied with, and to arise from, gastric derangements, often of a neurotic character; hence, the sensation of faintness, of "goneness" at the stomach, in connection with which we may also have dull, deep-seated pressure in the region of the stomach, vertigo, loss of appetite, flow of saliva from the mouth.

The satisfactory use of Ignatia in *hemicrania*, and in nervous headache generally, is the result of the occurence, in provings, of a well-pronounced right-sided headache, with, often, involvement of the eye; this is accompanied with vertigo and, quite commonly, characteristic gastric disturbances. The head-symptoms in the provings are varied; stitching, darting pains were experienced in various parts of the head; there is "aching in the forehead, above the root of the nose, obliging him to incline his head forward; it is followed by qualmishness at the stomach." Usually, this headache is *relieved* by inclining the head forward and resting it upon the table; an aggravation of the pain is promptly produced by application to mental employment.

One of the most interesting symptoms belonging to this group was recorded by Hahnemann: "constrictive sensation in the hypochondria, as when the bowels are constipated, accom-

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panied with semi-lateral headache as if a nail were pressed into the brain, early in the morning." This symptom is to be borne in mind, for it is valuable; the use of Ignatia in *clavus hystericus* largely depends upon it. So far as the *sticking* nature of this pain is concerned, Hahnemann remarks that the sensation as if a sharp, pointed body were pressed in, is characteristic of Ignatia, and is experienced not only in the head, but in the rectum, in the region of the sternum, cervical vertebræ, and in other parts.

Now, the headaches of Nux, like those of Ignatia, are quite generally accompanied with marked gastric and intestinal derangements, but more commonly in the Nux-headache there is a marked, deep-seated soreness in the brain, a *bruised* feeling, almost, in severe cases, as if arising from ulceration deep within the brain. The latter is wanting in Ignatia. Both remedies have indisposition to, and aggravation from, mental exertion. In Nux, this seems due to the intensity of the dull, heavy, bruised, deep-seated pain, with an utter inability, on account of the pain, to do abstract reasoning; in Ignatia the same result obtains from a more general and a more vague feeling of "unfitness for employment of this sort," with less inability to work out one's own chain of reasoning or thought than of listening and following the reasoning of some other party. Further, while the headaches of both Nux and Ignatia are generally accompanied with gastric and intestinal disturbances, and, indeed, largely depend upon them, in Nux the intestinal disturbances predominate over the gastric, and we nearly always have the characteristic constipation, backache, etc.; in Ignatia the gastric symptoms are those clearest marked, and we have nausea, *goneness* and *faintness* at the stomach, at times very annoying, while intestinal symptoms, so marked in Nux, are almost wholly wanting. There is even a considerable difference in the gastric symptoms *per se* of the two remedies; the gastric *pains* under Nux are much more prominent, much more severe, are actually a PAIN; under Ignatia there is more commonly a peculiar deadly faintness and goneness at the stomach, a *sensation* which is indescribable.

The effect of Ignatia upon the digestive organs is interesting. There is an accumulation of acid saliva, leaving in the

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mouth a sour taste. Or the taste is flat, food having a bitter, repulsive, *nasty* taste. The appetite is exceedingly fitful. There may be an unreasonable dislike of certain kinds of food, difficult to overcome, or as inexplainable and notional a desire for other, often odd, articles of food, of which the patient at first partakes with evident relish, soon to put them away from him with apparent disgust and subsequent aversion. We have also sticking and soreness in the epigastrium, moderate flatulency, with cutting and griping; regurgitation of food and of a bitter liquid. Vomiting at night of food taken in the evening. Empty retching, relieved by eating. Distension of the abdomen after eating.

I desire here to point out the fact that there is running through the pathogenesy of Ignatia a vein of the erratic. For instance, we have vomiting after taking food; yet, the sickness at the stomach is relieved by eating. The Ignatia headache, though partaking somewhat of the congestive, is relieved by stooping forward and resting the forehead on the table. There is a certain toothache, at least, a quite marked tenderness and soreness of the teeth; naturally one would expect that eating, i. e., the exercise and use of the gums and teeth, would increase this tenderness; but, on the contrary, this tenderness of the teeth is felt much less when chewing than it is felt during the interval between meals. There is a dry, tickling sensation in the throat, as from a feather, giving rise to violent dry cough; contrary to general experience, coughing constantly increases this tickling, but both the tickling and the cough may be stopped by a determined effort of will. Again, Ignatia has both chill and fever; in the cold stage we have excessive thirst, during the hot stage the patient does not wish to drink. These symptoms, and a few others of the same character, were first pointed out by Dr. Wurmb, and deserve our careful consideration.

* * * *

Ignatia, like Nux, acts upon the spine; hence the various lancinating, sharp, bruised pains which must be mentioned under the "nervous group." Ignatia lacks the *intensity* of Nux or Strychnia symptoms, but the "general drift" is the same, and, in addition, we find a lack of coordination, an upsetting of certain reflex functions, which gives to the nervous symptoms

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the appearance of fitfulness, of erratic action. It is this latter peculiarity which helps us draw the line between Strychnia, Nux, and Ignatia. The action of Strychnia upon the spinal marrow is familiar to you. Nux, being Strychnia *plus* something else, acts similarly and yet differently upon the spine, is useful in the treatment of a similar class of diseases of the nervous system, but it covers a much larger range of usefulness than Strychnia, and for its employment demands a larger range of indications, found in those characteristic concomitants which I described when lecturing on Nux. In neither Strychnia nor Nux do we find a marked deviation from the straight line which marks the action upon the cerebro-spinal system; the spasms are typical, the symptoms correspond to the expected results arising from existing conditions, and the element of "erratic" action is wholly wanting. Ignatia also is Strychnia *plus something else*, and this *something else* in Ignatia differs very materially from that "something else" which constitutes the individuality of Nux. Hence, as under Nux, we get under Ignatia well-marked symptoms of nervous disturbance, pointing unmistakably to the cerebro-spinal system, and yet differing widely in the manner in which these disturbances show themselves. Tetanus, convulsions, paralysis, if present, exist only in a moderate degree; I might more truly say: their occurrence is foreshadowed. There seems *imminent danger* of paralysis setting in; there are the premonitory symptoms, and he sincerely believes that at any moment a paralytic seizure may fall upon him; *but it does not come*, the symptoms diminishing and eventually disappearing. Under Strychnia, there is no idle anticipation; the tetanus *comes*, and it comes with the swiftness of lightning, and with frightful severity. The action of Nux, if not so violent in this direction, is profound, enduring.

The peculiarities pointed out characterize the clinical record of Nux and Ignatia. The highest use of the former in this connection is found in *clearly developed* cases of certain cerebro-spinal affections to which, by virtue of its pathogenetic record, it stands in curative relation, homœopathically. Ignatia is more applicable to cases in which we do not lack evidence of spinal, or other nervous, trouble, but where the "drift" of the case is in the direction of a general interference with proper

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performance of function, involving a vast variety of reflex symptoms, many of them, as I have shown you, so contradictory, so unexpected, so inexplainable, that the term "erratic" best covers them. These cases, if they present no marked element of actual danger, nevertheless involve a large amount of continuous worry and suffering, chiefly from anxious apprehensions, interfering seriously and persistently with the pleasures of life and with a satisfactory discharge of its duties; and since such cases occur with remarkable frequency, the applicability of Ignatia to them, the record of the remedy in modifying and curing the torments of this class of patients, alone would surround this drug with an amount of interest belonging to few other remedies.

STRAWS.

PERICARDITIS AFTER WHOOPING-COUGH.—Dr. Racchi relates the case of an infant, aged four months, who was attacked with pertussis of very severe type, resisting the action of the various remedies used. Examination of the chest revealed the presence of capillary bronchitis, whith emphysema of the anterior and inferior portions of the lung, but there were no signs of a cardiac affection. The child died, and at the autopsy were found the lesions of a well-marked sero-fibrinous pericarditis. In order to determine the relation of this affection to the whooping-cough, the author instituted a number of experiments upon rabbits. Microscopical examination revealed the presence of schizomycetes in the exudation in the larynx, minute bronchi, and pericardium. These were in the shape of round poli-nucleated cells, and of rods, both endowed with power of motion. Some of the exudation was placed within the larynx of each of these animals, one receiving that from the larynx of the dead child, another that from the terminal bronchioles, and the third the pericardial fluid. At the end of two or three days the animals began to cough, and in eight or ten days the cough assumed the convulsive character of pertussis. Then three other rabits were similarly treated with the laryngeal exudation taken from those previously experimented on, and at the same time a healthy rabbit was placed in the cage of each one of those with pertussis. Each

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one of both these sets acquired the affection. An accidental occurrence also gave additional proof of the nature of the disease and of its contagiousness. Two children gained admittance to the room in which the rabbits were placed, and played with them for some time. In a few days each of these children began to have the characteristic cough of pertussis. Two of the rabbits died and two were killed; in one there was a well-marked pericarditis, in the others the pericardium was intensely hyperæmic. The author was thus led to look upon the pericarditis as a direct result of the whooping-cough, the schizomycetes being carried to the pericardium through the medium of the general circulation, and finding there a soil rendered favorable by the constant slight traumatism caused by the act of coughing.—*Med. Record*, from *Rivista Clinica e Terapeutica*, January, 1886.

THE INTRA-CEBEBRAL TRACTS; THEIR PHYSIOLOGY, AND ITS BEARING UPON THE DIAGNOSIS OF LESIONS OF THE CENTRUM SEMI-OVALE.—Dr. M. Allen Starr read a paper on this subject. The diagnosis of lesions involving the mass of white substance lying beneath the cortex of the brain and above the level of the basal ganglia was involved in obscurity. At present, according to Charcot, Nothnagel, and Strümpell, there were no definite symptoms assigned to diseases of the centrum semi-ovale. Lesions of the centrum ovale were not very common, and therefore were not often suspected during life. But tumors and abscesses, the legitimate field for surgical operations, when they did occur, lay chiefly in the centrum and semi-ovale. Hence the importance of being able to diagnosticate lesions of this portion of the brain. Many of the symptoms in these cases were such as must be especially sought for—such as disturbance of the temperature sense, of vaso-motor activity, etc. The importance of a knowledge of the anatomy of this part of the brain was pointed out, and a description given of the different sets of nerve-fibers, together with what was known of their physiology. With regard to the association fibers, the author would suggest, without going very deeply into the subject of psychology, that they formed the physical basis for the association of concrete memories. They were necessary to the union of different memories in a whole, to the formation of a concrete idea. He did not allude to processes of reasoning. Having, then, a knowledge of

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the anatomy and physiology of the association fibers of the centrum ovale, we also had a set of symptoms referable to their destruction. But intelligent questioning of the patient was necessary in order to learn what those symptoms were. For instance, in the case of the fibers associating the auditory with the motor speech areas, the symptoms to be elicited seemed to be very simple. Could the patient talk correctly? Could he repeat at once a word spoken to him? These were questions which any one would ask who had examined a case of aphasia. But this was not sufficient. Could the patient read understandingly to himself, and tell what he had read? This would test the occipito-temporal tract. Could he read aloud? This would test the occipito-temporo-frontal tract? Could he write what he saw? This would test his occipito central tract. Could he write what he heard? This would test the temporo-central tract. Could he write what he spoke to himself in a whisper? This would test his fronto-central tract, etc. It would be evident that a lesion of the centrum ovale might give rise to three sets of symptoms, referable to projection, commissural, and association fibers. The important fact would at once be evident that these symptoms must be associated in any given case, and it was upon the fact of such association of symptoms that the diagnosis of lesions of the centrum ovale must depend. Monoplegia alone might be caused by disease of the cortex or of the centrum ovale; hemiplegia by capsular or centrum-ovale disease. But if, in either case, it was the centrum-ovale which was affected, there would be, in addition to the paralysis, a suspension of action of commissural and association fibers. The commissural fibers being destroyed, simultaneous bilateral symmetrical motions would be suspended. The association fibers being destroyed, certain mental associations would be affected. For example, a lesion in the centrum-ovale of the occipito-temporal region would produce hemianopsia, because it would involve the visual tract of the projection system. It might also produce the peculiar mental condition known as word-blindness, in which the patient was no longer able to associate a word or letter seen with its corresponding sound, or with the motion necessary to write it. In all cases of obscure brain disease we should examine all the functions of which we had any knowl-

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edge, trusting to the future to explain peculiar symptoms. It seemed to the author that the way to solve the problem of disease of the centrum ovale was to reason from anatomy and physiology to the probable results of lesions of this tract, and in every case to examine for the symptoms which might theoretically be inferred to occur.—*N. Y. Med. Journal.*

PRINCE CHARLES OF BAVARIA AND M. PASTEUR.—Prince Charles Theodore of Bavaria, who is known to have entirely devoted himself to medicine, is expected in Paris to initiate himself into the recent discoveries of M. Pasteur for the treatment of hydrophobia.—*Lancet.*

FEAR AND HYDROPHOBIA.—It is well recognized that fear or nervous apprehension can induce a fatal disease having nearly, if not all, the characters of hydrophobia. But it is not true to assert that hydrophobia is always brought on by the mental anxiety that a dog-bite not unfrequently occasions. We make these plain assertions because some of our weekly contemporaries have thought fit to regard the "hydrophobic panic," as they call it, as unwarranted and mischievous in its working. Certainly, anything like a *panic* is to be repressed, and on no occasion in life can a "panic" benefit, though it may harm, a community. Hydrophobia is a nervous disease, but it has a material cause, a poison, which is most likely a "germ" or micro-organism. It is a curious fact that birds, even when inoculated with the poison of rabies, do not suffer from the disease. We have frequently mentioned the fact that some individuals appear to enjoy, with birds and other animals, the same kind of immunity. Whether it is those persons who are not given to fear or nervous apprehension who always escape hydrophobia, even though bitten by a rabid dog, we are not in a position to state. But nothing can be more detrimental to a bitten individual than to brood over his misfortune, or make himself miserable by learning all the symptoms of hydrophobia.—*Lancet.*

A RARE CHANCE.—A physician having a large practice in a town of 400 inhabitants and the surrounding wealthy farming community, with practically no opposition, desiring to locate in a larger town, will sell his property, consisting of house, office and barn for $1,200, and leave his practice to the purchaser. Address, E. A. BAGLEY, Horton, Mich.

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SOCIETIES.

SANITARY CONVENTION AT HOWELL, MICHIGAN.

The Sanitary Convention at Howell, Mich., held under the auspices of the Michigan State Board of Health, began its session Wednesday, March 3, at 2 P. M.

The first paper, "Ventilation," was read by Wm. P. Appleyard, architect, Lansing, Mich. He thought that one of the greatest difficulties with which sanitarians had to contend was the indifference of most people, and that this difficulty was greater in regard to ventilation than to any other subject. Impure air is an intangible enemy with which we have lived so long that we do not realize his presence, and is consequently an enemy of the most dangerous kind. He spoke of the constituents of ordinary air, of the life-giving power of oxygen, of the poisonous effects of air which has been breathed and re-breathed, its oxygen replaced by carbonic acid and other dangerous poisons. He gave an illustration of a bed-room of common size with no ventilation, occupied by one person, and showed that at the end of one hour the air would be far from pure, and at the end of eight hours would be literally poisonous. He showed the importance of the ventilation of ordinary school-houses, and gave practical directions how good and constant ventilation could be secured, also directions for the ventilation of private houses. He recommended the hot-air furnace with a good straight chimney from the foundation of the house, large cold-air ducts to introduce plenty of fresh air, and enough flues surrounding the smoke-flue from the furnace so that foul air register openings can be made into a separate flue for each room. The foul-air exits should be at the floor level. The proper placing of the exit registers insures a constant circulation of air, and avoids the drafts which open windows or doors cause. An open fire-place is an admirable means of ventilating a house when used in connection with the hot-air furnace. Do not on the score of economy reduce the number of flues or of chimneys that are needed. In planning a house, get the assistance of an expert in arranging the plan for the ventilation.

Dr. John H. Kellogg, in his discussion of the subject, com-

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mended this paper, and pointed out the fallacy of the assumption, sometimes made, that only so much fresh air must be introduced into the room as there is impure air breathed into it by the occupants. It is impossible to take the foul air, and that only, out of the room; the best that can be done is to take out a part of all the air of the room including the good air with the bad, and to replace this by fresh air brought in from out door, introduced in sufficient quantity to maintain a reasonable degree of purity, which is believed to be the case when there are only about six or eight parts of carbonic acid in 10,000 of air. Dr. Kellogg gave a mathematical formula for determining the sizes of air inlets and outlets. The movement through the exit register is due to the difference in temperature of the air in the chimney or other foul-air flue, and of the air out of doors, because warm air ascends. The rate of movement depends also upon the height of the chimney, and may be learned in feet per second by multiplying the square root of the height of the chimney by the difference between the two temperatures named, and dividing the product by four. The number of occupants of the room must then be known. He would give to each occupant 2,000 cubic feet of air per hour; and the size of the exit pipe should be equal to the size of the inlet.

"The Sanitary Condition and Needs of our Public Schools," by Prof. Geo. Barnes, of Howell, and "The Sanitary Condition and Needs of our Public Buildings," by Rev. Geo. F. Walters, of Howell, were able and interesting papers of more than local interest, read and discussed in the evening, after which, Dr. David Inglis, of Detroit, delivered an address on "Alcohol as a Factor in the Causation of Insanity."

Thursday morning, March 4, Dr. John H. Kellogg delivered an address on "Slops, Garbage and Refuse; How They are Disposed of, and How They Should be Disposed of." In the discussion that followed relative to this subject and to the subject of drainage and sewerage, Rev. D. C. Jacokes, of Pontiac, spoke on the benefits of the dry earth system of disposal of excreta and the methods of its employment. Dr. Victor C. Vaughan, of Ann Arbor, spoke of the beneficial effects of sewerage and drainage, and gave many instances. In the city of Munich, after the sewerage and drainage of the city, the death-

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rate from typhoid fever was reduced about one-half. After the introduction of a pure water supply, it was still further reduced. The city of Memphis, Tenn., was honeycombed with privy vaults, and deep wells, over which privies were placed. The death-rate was large in every year; and finally, yellow fever found a suitable home in Memphis, while New Orleans and other southern cities were comparatively exempt. Many people abandoned the city, and without a sanitary reform the city seemed to be doomed. Under the guidance of the National Board of Health Waring's Separate System of Sewerage was constructed throughout the city, and Memphis is now prosperous again, and its death-rate has been greatly decreased.

Thursday afternoon Rev. J. S. Joslin presented a paper on "The Religion of Health. J. A. Wessinger, M. D., read a paper on the "Water Supply of Howell," giving the depth of wells, details of their surroundings and present condition of water as shown by analysis of water from many wells in different parts of the village. He stated a standard of purity, compared with which the water from most of these wells would be classed as "bad," some as "suspicious," a few as "usable," and one as "good." He exhibited diagrams showing the surface strata of the earth in the village, and illustrating the manner in which the fluids from the privies filtered down into the sand and gravel water-bearing strata, also the local lowering of the water in such strata due to the pumping of large quantities of water, and the consequent bringing to the well of the fluids from the neighboring privies too distant for their "cone of soakage" to reach to the well. He instanced cases where the privy was not more than fifteen feet from the well. In one case there were two privies within fifteen feet of a well. The analysis of the water in this well showed it to be bad.

The discussion of this subject was led by Prof. Vaughan, of Ann Arbor, who afterwards gave an address on the general subject of drinking-water and water-supply. He classified these as (1) cistern-stored rain-water, as (2) surface water from lakes and rivers, as (3) subterranean from wells and as (4) artesian, as from deep wells. If necessary precautions are taken in collecting and storing, he regarded the cistern water as the safest. Rain conductors should have cut-offs to waste the wash-

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ings from roof. Cisterns should have their walls plastered on the outside as well as the inside to protect from infiltration of foul waters from the earth. Well water he characterized as generally suspicious. The water from deep wells is generally safer than that from shallow wells, especially when brought to the surface through pipes which do not let in soil-water.

Rollin H. Person, Esq., of Howell, led a discussion on "The Powers and Duties of Local Boards of Health." Their powers are absolute, and frequently from their acts there was no appeal. The reason for such law is the common necessity for immediate action to guard the public life or health; but while this is the law, and theoretically their action, practically their duties are frequently ignored, for the reason that public sentiment does not sufficiently sustain them. There is great and general need for a more enlightened public sentiment, which would demand of health officers prompt and vigorous action for the protection of the public health. Such conventions as this would do much to awaken people from their apathy, and would make it possible to have the action of local boards of health conform more nearly to the theoretical requirements of the law. He was followed by the Rev. Dr. Jacokes, of Pontiac, who spoke of the wide-spread and beneficent influence of the State Board of Health in stimulating to activity the local health authorities, in collecting from, and disseminating to, them useful information relative to their work. He appealed to all health officers to respond promptly and carefully to all questions asked by the State Board of Health in order that the information which it collects should be as complete and valuable as possible. He paid a high tribute to the unselfish work by physicians generally in the cause of public health, and urged that the people should see to it that, while physicians are thus working for the public good and decreasing their practice, the people should properly compensate them, and suggested that physicians would be placed in better relations to the people if they were employed by the year to advise people how to keep well.

Thursday evening, Dr. John Avery, of Greenville, read a paper on "The Prevention of Communicable Diseases" which, in their order of importance as causes of death in Michigan, are as follows: Diphtheria, typhoid fever, scarlet fever, whooping

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cough, measles, small-pox. He showed the great importance of efforts for their prevention on account of the lowest consideration, the money loss which, he said, had been placed at a thousand dollars for each person who dies in early adult life, and each case of fatal sickness represents many more cases which involve great expense. The annual loss in Michigan amounts to millions of dollars. He explained the different ways in which the several communicable diseases are spread, and gave brief directions for their restriction and prevention.

COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

Prof. M'Guire has written to members of the faculty that he is being very much benefitted by his trip to the South. We are glad to know that we may expect him to resume his work at an early date.

There is an unusual interest manifested by the alumni of this department regarding the Alumni Reunion at the approaching Commencement. A good many of the "old boys" have already expressed their determination to be present, and an interesting and profitable time is assured to all who will make it possible to attend. We will give the programme as soon as definite arrangements are made.

Prof. Harrington, not being able to continue longer in charge of Chair of Physics, the Board of Regents have appointed Dewitt B. Brace, Ph. B., to the position, and he has already entered upon his duties. Prof. Brace is a graduate of Boston University, but has further prosecuted his studies at the Boston Institute of Technology, at Johns Hopkins University and at Berlin University, where he was under the tuition of the well-known scientists, Profs. Helmholtz and Kirchhoff.

A portion of the Randolph Rogers collection has been received and unpacked. A number of the pieces were injured in transit, but not past remedy. On account of the difficulty in unpacking and preparing pedestals, the pieces will probably not be ready for exhibition before next July. We understand also that on account of the insufficiency of the legislative appropriation for conveying it from Rome, there is a possibility that we may not see the whole collection for a year, or more.

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MEMORANDA.

Dr. O. E. Pratt, recently of Chicago, Ills., has opened an office in Ypsilanti, Mich.

Dr. Edward Christopher Holland, one of the oldest of British homœopathists, died at Bath, England, January 5th, 1886.

Michigan physicians are cordially invited to send to the clinique of the Hom. Med. College, U. of M., all cases requiring special care.

Dr. Henry Tucker, of Brattleborough, Vt., has taken into partnership Dr. D. J. Hall, a graduate of Boston University School of Medicine, class of '81.

Dr. Mary B. Harris, a very bright physician and a loveable woman, died at Andover, Mass., on January 6th, 1686. The New Engl. Med. Gazette, (March 1886), contains an eloquent obituary article, written by Elizabeth Stuart Phelps.

"Dr. Charles F. Sterling, one of the best of our New York young men, is about to remove to Detroit. We are sorry to part with him and can only hope that our loss will be his gain. The profession of Michigan will find him sterling by nature as well as by by name."—*American Homœopathist.*

The commencement exercises of the Hom. Med. College of the University of Iowa were held on March 2nd, 1886. The degree of Doctor of Medicine was conferred upon Fred. J. Becker, Geo. E. Blackman, J. L. J. Barth, John E. Barrette, Wm. Brap, A. A. Cotton, R. T. Kirkpatrick, F. D. Paul, W. S. Norcross, D. E. Stratton, F. T. Strawbridge.

Dr. E. M. Kellogg, of New York, who many years ago retired from the practice of medicine in order to accept the Presidency of the Homœopathic Mutual Life Insurance Company, of New York, has resigned this position, and returns to his former and favorite work. The many friends of Dr. Kellogg will rejoice to learn of his resumption of actual practice.

Prof. D. J. M'Guire, of Detroit, Mich., has taken into partnership Dr. C. F. Sterling, of New York City. Dr. Sterling comes highly recommended as thoroughly experienced in the practice of his speciality. He has for some years been an assistant surgeon in the new York Ophthalmic Hospital. and is the author of a very readable work on Diseases of the Ear.

Dr. Clement Pearson, died at his home, Washington, D. C., on January 29th, in the sixty-seventh year of his age. Dr. Pearson was one of the founders of the International Hahnemannian Association, and its president for two terms. He is said to have been a successful practitioner, and is best known for his warm advocacy of ultra Hahnemannian teachings, *plus* a great deal of non-Hahnemannian transcendentalism.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.

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EDITORIAL CHAT.

Dr. Thos. Nichol, in a recent number of the *Medical Visitor*, publishes an interesting article on "Constantine Hering as a Lecturer." The paper forms a valuable contribution to our reminiscences of this brilliant and distinguished man, and would well bear reprint. Indirectly, the author—himself one of our most respected and ablest practitioners—touches upon a matter which, to use the expression of the *Physicians' and Surgeons' Investigator*, is well calculated to make one pause and to "awaken some thought." He introduces a description of Jeni chen's method of making the high potencies which bear his name, as furnished by Dr. Hering in, we believe, an old number of the *Hahnemannian Monthly*. He thus writes: "Caspar Julius Jenichen, a retired military man who possessed a good *lay* knowledge of homœopathy, one day desired to potentize *plumbum aceticum* from the 29th to a high potency. He found the vial of the 29th empty and dry, the cork was shrivelled and loose in the neck of the bottle, *perhaps had been so for years*. The inspiration came to him to potentize from this empty bottle up to the 200th. He did so, and found this preparation wonderfully effective in curing, by *olfaction*, a *hereditary* fetid sweat of the feet, and he henceforward made all his high dilutions of earths and minerals from vials of the evaporated 29th dilution."

The description of Dr. Nichol agrees in all the essentials with the facts in the case, so far as they are known. Jenichen, perhaps, was not a soldier in the true sense of the term. He was by profession a veterinary surgeon, a man of good educa-

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tion, was Master of Horse at the little court of the Duke of Gotha, possessed a magnificent physique and a "dreamy" temperament, the result, probably, of inherited tendencies and of a bitter disappointment in love from which he never rallied; in fact, the writer is under the strong impression that this strange man voluntarily ended his own life. He was possessed of remarkable strength, and attributed much of the wonderful efficacy (?) of his high potencies to the fact that his strength enabled him to shake or succuss the vial so powerfully that the contained fluid with each stroke of the arm sounded like the "jingling of silver coin." (Jenichen's letter to Dr. Segin, Hygea XXI, 55). At first running his attenuations up to the 100th, he soon reached the 200th, then the 400th, and finally eclipsed his previous efforts and, we think, those of his rivals, by triumphantly producing a set of the 16,000th potency, so-called, greatly edifying his sympathizers and admirers, and doing infinite harm to the science thus disgraced and held up to almost universal ridicule by its blinded and almost maddened votaries.

The student of homœopathy finds in the literature of the time of Jenichen, and that immediately preceding and following it, ample food for reflection. The rebound from the grossly material to the "vital," to "force," was so great, and the actual result obtained in the treatment of the sick, under the new method, when compared with the old system, was so encouraging, that no human power could stay the upward swing of the pendulum before it had reached the utmost point of its limitation. In fact, the soberest minds were absolutely dazzled with the brightness of the light which shone upon them, and chaos threatened to rule supreme. On the one hand, blistering, bleeding, purging, and death,—on the other, careful regimen, close study of each case, the minimum dose, *or no dose* at all, and recovery. Men saw, doubted, enquired, tremblingly and with dire misgivings imitated,—and *succeeded*. In vain were the claims and deductions of the science of that day; more persuasive and powerful than its pleadings was the *clinical test*, the actual experience had; and thus those who once were doubters became experimenters, converts, enthusiasts and, sometimes, martyrs. They saw that the science of *their* day, pretty much like the science

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of *our* day, could not comprehend vital phenomena; their earlier experience with the grossly and coarsely material became to them a hideous dream, a frightful warning not to tamper with the unknowable; it left them with but one aim: to get far away from the gross, the material, from matter; and as the pendulum swang upward,—higher and ever higher—they had left behind them forever, they thought, matter and all that belonged to it; and thus grew into existence the vague thought of materials potentized, purified, *entirely separated from matter*, set free to work out a prouder mission and to do a grander work than could have been conceived by their forefathers in the profession. The key-note to the phases assumed by the homœopathy of that day was not the effort to establish a line of division or of demarcation between matter and force,—the one grand effort was to *get rid of matter in any form.* The effort was an honest one, it was the unavoidable rebound which *had* to come; it was good that it did come. Had it been otherwise, the precious discovery of Hahnemann would have lain buried even at this day, for who of us, even now, slow to believe in the seemingly non-material, would have had faith? And, as was once well said by a living and brilliant writer, it is *faith in the efficacy of medicines* which distinguishes the homœopathic physician from him of the old school.

But it seems none the less odd to consider the various methods employed to get rid of the hated "matter" and to develop the potential, the very essence of the drug-force, to the highest possible extent. Hahnemann and his immediate followers started out with the crude, and, feeling their way upward with a considerable care and caution, hesitated for a long time before going beyond the 30th attenuation. Jenichen, acting upon the impulse of the moment, which was only the final "taking-shape" of previously existing views, not only *started* with a high attenuation, but was happy enough to find a bottle from which had departed the last bit of demonstrable matter; and he not only fancied himself the discoverer of a new era in the history of a very new science, he not only believed that he had with one bound surpassed all previous efforts in potentizing, but confidently expected magic curative results from the employment of the potential agents thus made. And the fact that

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many men, good and true, bore warm testimony to the remarkable power of these 16,000th (centesimal) potencies (?) suggests that even clinical evidence is not so reliable a test as we are often persuaded to believe.

In Russia, however, General Korsakoff, also an enthusiastic lay-practitioner of the new art of healing, was busy trying to show that Hahnemann was mistaken in teaching that a trace of matter was contained even in the highest attenuations, but that medicinal matter possessed a certain power of contagion by which its medicinal properties—for instance, by shaking the drug-matter with non-medicinal substances—could be transferred to non-medicinal substances. "He compared the process of potentizing with the process of infection, fermentation, impregnation, and others of the same sort, raised the development of potentization to the 1,500th (centesimal scale) and maintained, for instance, of sulphur, that in this form of potentization it became visibly more useful to the sick. Hahnemann, at least at that time, had attached sufficient weight to sub-division to take it for granted that *even the smallest dose still contained some particle of matter;* Korsakoff, on the other hand, held to the opinion that matter was not needed; that he only dealt with Sulphur, Mercury, Ignatia, etc., as *forces* which, by being shaken, communicate themselves to the adjacent non-medicinal globules" (Kleinert, History of Homœopathy. Leipzig, 1863). Thus he affirms that he powerfully medicated one thousand globules by shaking them for one minute with one globule moistened with sulphur 100th, carefully dried. In the same manner he medicated *fifteen thousand and five hundred* globules by shaking them for *five* minutes with one globule moistened with sulphur 30th, and then dried. Patients were treated by smelling of the bottle containing the globules, and these patients, he maintains, experienced the peculiar effects of sulphur. The same genius made all his potencies by first emptying the bottle containing the lower potency, filling it with alcohol, and then shaking ten strokes to each degree.

It is hardly possible to believe to what extent seemingly sane physicians carried the peculiar infatuation. A Dr. Plaubel, at Gotha, observed (?) that a powder of sugar of milk in which had been placed some medicated globules (dry), retained

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the specific medicinal properties of the globules after the latter were thrown away. So honored a man as Gross actually moistened a globule with attenuated or potentized human blood, shook this one globule with thousands not medicated (???), and then advised the use of the latter in the treatment of different forms of *congestion*. Verily, even Berridge, and others of his class, can find precedence for many of their ludicrous vagaries!

It is a startling fact that the great majority of the monstrous excrescences which in those earlier days developed on the fair form of homœopathia—unsightly warts on the bosom of a fair maiden—were begotten by the blind enthusiasm of some "half-read" layman, and at once greedily accepted as wonderful discoveries by men often of the highest standing in the profession. Nothing so absurd but that it would find an able champion in some brilliant writer or teacher. And some of the latter class even at this day firmly cling to many of these vagaries, thereby thinking to make of themselves high-priests in the temple of the science of therapeutics. Thus, Dr. P. P. Wells, (see *Homœopathic Physician*, March, 1886) in an introductory lecture to the course on materia medica in the Woman's Homœopathic Medical College of New York, session 1885–6, uses the following language: "Then this curing power is found not only regardless of laws which govern matter, but acting as no other form of matter does, as may be seen in this: Place a single medicated pellet, or any small number of such, in a phial, and fill it with unmedicated pellets, and these will all soon become medicated with the same healing force as was in the original medicated ones, while at the same time they will have received no new property of matter nor any addition to those they possessed when they were but blanks. Now, we know of no instance, nor can we conceive of any, where matter in form passes from one material body to another, imparting to this new properties, and neither of them experiencing in the process any change of loss or gain in properties or qualities belonging to them as matter. This has been many times observed of this curing power, and each time it has given its own nature to the new pellet it has clearly demonstrated that nature be non material. If these statements are true, and we have seen them verified many times," etc.

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And thus the eccentricities of the old Russian general, of half a century ago, wholly ignorant of any of that knowledge which makes a man a physician, in the year of our Lord 1886 are made the basis of an argument on the "Philosophy of Materia Medica, its Study and its Uses" by a teacher of Materia Medica! Amusing, is it? Or is it saddening? Perhaps a little of both! It amuses one to think of the awe and wonder which must have fallen upon that audience of devoted women thus initiated into the philosophy (?) of our materia medica, and the suspicion and terror with which they must ever after handle that frightful single medicated globule, lest it might extend its infectious powers to their fair hands and, perchance, convert their entire anatomy into a huge mass of thoroughly medicated matter. But it is a trifle saddening to think that teaching of this sort is given to medical students with the expectation of fitting them by it for the fearful responsibilities of caring for the sick and suffering!

Courtesy is a powerful aid to him who gives and him who receives. Treat even a base man with respect, and he will make at least one desperate effort to be respectable. Courtesy is an appeal to the nobler and better nature of others to which that nature responds. It is due to ourselves. It is the crowning grace of culture, the stamp of perfection upon character, the badge of a perfect gentleman, the fragrance of the flower of womanhood when full blown.—*Chironian.*

The 12th annual session of the Western Academy of Homœopathy will be held at Galesburg, Ill., on May 6th, 7th and 8th, 1886 The following are chairmen of bureaux: A. S. Everett, M. D., Denver, Col, Anatomy, Physiology and Pathology; Geo. W. Foote, M D., Galesburg, Ills., Legislation, Registration and Statistics; W. A. Pennoyer, M. D., Kenosha, Wis., Sanitary Science; A. C. Cowperthwaite, M. D, Iowa City, Ia., Materia Medica; M. T. Runnels, M. D, Kansas City, Mo., Gynæcology; G. C. McDermott, M D., Ophthalmology and Otology; Sarah C. Harris, M. D Galena, Ill., Pædology; E. F. Storke, M. D., Milwaukee, Wis., Nervous and Mental Diseases; C. H. Goodman, M. D., St. Louis, Mo., Clinical Medicine; G. T. Walker, M. D., Obstetrics; Wm. D. Foster, M. D., Kansas City, Mo., Surgery; J. E. Gross, M. D., Chicago, Ill., Pharmacy. An unusually large number of papers is promised, and there is every reason to expect a large attendance and a very profitable time.

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OBSTETRICS, GYNÆCOLOGY, PÆDOLOGY

EXTRACTS FROM LECTURES ON "PUERPERAL HÆMORRHAGE."

(BY PROF. J. C. WOOD.)

REPORTED BY I. S. MORRIS, CLINICAL ASSISTANT.

The obstetrician is called upon to treat no accident or condition during gestation and the lying-in period requiring more coolness, more self-possesion and more skill than the various forms of hæmorrhage liable to occur at any moment from soon after the time the woman conceives to some six or seven days after the birth of her child. The severity of the flooding is governed largely by the period of gestation at which the hæmorrhage is established, being proportionately worse at or near the full term. The most frequent form of hæmorrhage before delivery is that incident to the unnatural inplantation of the placenta known as

PLACENTA PREVIA.

Definition. You will remember that the placenta is normally situated at the fundus and upon the side walls of the uterus. When it attaches itself to the spherical portion of the lower surface of the uterus, that portion which is subject to distension during labor, it is said to be *previa*, the clinical importance of which is only equalled by the dangers to which the mother is constantly subjected from a premature separation.

Varieties. For convenience of study it is only necessary to divide placenta previa into two varieties:

1. *Placenta previa centralis*, where the placenta is so attached to the lower segment of the uterus, that, after dilatation of the os internum has become complete, the placenta only can be felt.

2. *Placenta previa partialis*, the placenta not entirely surrounding the os internum, so that a portion of the membranes as well as a segment of the placenta can be felt through the dilated os. This is the commoner variety of the two, the exact central implantation being exceedingly rare.

Causes. The causes are but indefinitely understood. Tyler Smith believed that the ovary did not become impregnated until it reached the cervix. Cazeaux was of the opinion that the

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mucous membrane of the fundus remained smooth instead of undergoing the physiological congestion preparatory to the reception of the impregnated ovule, not affording the necessary nidus at the usual location for its development. Müller taught that uterine contractions forced the vivified egg toward the cervix—an explanation which is highly improbable. The older writers believed that the placenta had originally been situated at the fundus, from which it had accidentally fallen, becoming engrafted to the lower part of the uterus. Ingleby has placed on record two curious cases, where the internal orifices of the Fallopian tubes opened near the internal os, placenta previa occurring in one case no less than ten times and in the other three times. As a matter of speculation these theories are interesting but possess no practical bearing whatever upon the subject.

Symptoms. It is altogether probable that some cases of early abortion are due to the attachment of the placenta in the region of the cervix. It is of course impossible to diagnose the condition in these cases. In the great majority of instances, however, the hæmorrhage makes its appearance during the last three months of gestation. The hæmorrhage may be at first slight, but usually the patient is first made conscious of the accident by a sudden gush of blood from the vagina, which frequently occurs at what would have been the menstrual period had not pregnancy held the periodical discharge in abeyance. The quantity of blood lost may be sufficient to exsanguinize the patient and instantly cause death, yet this is the grand exception to the rule, death resulting, when it occurs, from repeated floodings. Usually labor is excited by the partial or complete detachment of the placenta, and the pains continue to recur with more or less regularity, variable quantities of blood being lost in proportion to the raw surface left exposed after the separation. Should the pains be regular and strong, the os dilated or dilatable, and the pelvis roomy, labor may be terminated before a dangerous quantity of hæmorrhage occurs, though the intervention of the obstetrical art is usually necessary to save the life of both the mother and child. Indeed, with a maternal mortality of one in four, and a still greater infant mortality, to confront you, you will need to possess all the requisites of a thorough obstetrician before you can assume the responsibilities

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of a case of placenta previa. The profuse bleeding leaves the uterus in an atonic condition, subjecting the victim to the dangers of post partum hæmorrhage after the expulsion of the fœtus; the lochia passing over the gaping veins and sinuses at the os affords an additional channel for septic absorption, consequently post-puerperal complications are liable at any time to arise.

Diagnosis. A sudden hæmorrhage during gestation will at once make you suspect one of the two conditions, namely, placenta previa, or accidental hæmorrhage. The latter is due to the detachment of a portion of the normally situated placenta, and will be discussed later on. In placenta previa a vaginal examination will reveal a "boggy" mass at or near the internal os; it is more consistent than coagula, and the presenting parts of the fœtus can be felt but indistinctly through it. When the attachment is lateral, you will be able to determine the presentation through the membranes at one side of the placenta proper. I believe that a diagnosis is quite impossible, at least impracticable, before the onset of the hæmorrhage and the dilatation of the os, yet it is said that ballottement is less distinct than when the placenta is located at the fundus, and a stethoscope has been devised by which the placental beat can be heard at the lower segment of the womb, by placing the instrument directly in contact with the cervix. Since the abnormality is not suspected until it is announced by the hæmorrhage, you will at once see the impracticableness of the expedient.

The source of the hæmorrhage is, in all probability, from the utero-placental vessels, though both Hamilton and his distinguished successor, Sir James Simpson, taught, only a few years ago, that the chief, if not the only, source of the hæmorrhage was the detached portion of the placenta, the blood passing from the portion still adhering to the one detached, escaping from the latter; acting upon this theory, he inaugurated the practice of completely separating the placenta, having previously observed the cessation of hæmorrhage when spontaneous separation had occurred. The probabilities are, however, as has been pointed out by Barnes, that the stoppage of the hæmorrhage is not due to the separation of the membranes, but to the uterine contractions incident to the separation which ef-

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fectually seal up the bleeding vessels. * * * * Without dwelling unnecessarily upon the *Causes of Hæmorrhage* in placenta previa and the pathological changes in the placenta, let us pass to the more practical part of the subject, namely, the treatment.

Treatment. As I have already told you, it is possible, though not probable, that a rapid delivery may be effected with the loss of but a very small quantity of blood. A digital examination, after a sudden hæmorrhage during gestation (which should always be insisted on), will usually reveal the existence of the complication, and then you must decide as to the proper course of treatment. You will find a great diversity of opinions among authorities with regard to the propriety of inducing premature labor. Formerly the treatment recommended in all instances was that of expectancy, using means to check the hæmorrhage, preventing rather than encouraging labor. The patient was to be placed upon a hard mattress in a cool and well aired room, where she was to subject herself to the most absolute rest, internal remedies being given to control hæmorrhage and subdue uterine contraction. During the last few years the advisability of this treatment has been strongly contested, for the patient's life is always in jeopardy until labor is terminated. Labor is usually excited by and terminated with the detachment of the placenta, but should this not be the case, then you are to be governed by the quantity of the hæmorrhage and the period of gestation at which it occurs. Thus, if the hæmorrhage be not alarming, occurring for the first time before the seventh month of utero-gestation, the measures referred to may be brought into requisition in conjunction with the indicated remedy, with a view of prolonging gestation until the viability of the child is assured. When, however, the hæmorrhage makes its appearance for the first time after the seventh month, then there is a greater probability of saving the life of both mother and child by terminating pregnancy than by allowing it to continue uninterrupted. The various methods at our disposal for the accomplishment of this end are: 1. Puncture of the membranes. 2. Plugging of the vagina. 3. Version. 4. Partial or complete separation of the placenta.

These methods are to be resorted to in the order given. *Puncture of the membranes*, unlike version, can be resorted to

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from the very first, before the os is dilated. The object to be attained is the discharge of the liquor amnii, causing the uterus to contract, in this manner controlling the hæmorrhage. The operation is a very simple one, and can usually be accomplished by guiding a quill or a soft catheter through the cervix and into the membranes. avoiding, if possible, the placenta proper.

If the hæmorrhage still continues after the puncture of the membranes, and the os is not sufficiently dilated to admit of turning, then you will have to resort to *plugging the vagina.* I have already described the method of doing this in a thorough manner, and will only mention in addition that a most effectual way of accomplishing dilatation is to first introduce a sponge tent into the cervix, holding it *in situ* by firmly pressing the material used as a tampon against and around the cervix. If properly done, the hæmorrhage is completely controlled for the time being, but it becomes necessary to remove the tampon in five or six hours for the reason that it produces great irritation, with fetor from the vaginal discharges. With the plug *in situ* uterine contractions may be excited by the internal administration of ergot, by friction over the uterus or by a firm abdominal bandage. Sometimes a Barnes bag—a set of which you should not be without—can be advantageously substituted for the tampon. Should the hæmorrhage cease after dilating the cervix in this manner, labor is usually safely concluded by the natural efforts, but should the hæmorrhage still continue, then *version* must be resorted to.

Understand me, *version* is only to be performed when both the os and the patient are in the proper condition, and not at all hazards, as was formerly taught. Its value in suitable cases is unquestionable, but the patient must not be too much exhausted by previous hæmorrhage, and the os must be sufficiently dilated to admit the passage of the hand. A small, feeble, and thready pulse contra indicates the operation unless all other means of arresting the discharge have failed, and then stimulants should be administered to counteract the tendency to shock.

The hand should be passed by the border of the placenta instead of through the substance proper, when the attachment is a lateral one. Whenever it is possible to do so, the bi-polar method of turning is preferable, for with it a complete dilata-

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tion of the os is not a pre-requisite, nor is the cervical canal so liable to be injured by the maneuver, the manner of accomplishing which you are familiar. The relaxed condition of the uterus favors the operation, and after the foot is once dragged into the cervix it acts as a plug, thus mechanically preventing hæmorrhage so that it is safe to wait until uterine contractions are excited by pressure and oxytocics, delivery afterwards being left to the natural efforts. Should, however, the hæmorrhage continue, then traction must be exerted upon the foot, delivery being accomplished as speedily as possible.

Simpson, who first advocated *detachment of the placenta* as a means of controlling the hæmorrhage, did not intend, as many have seemingly inferred, to recommend it in all cases alike. He restricted it to the following conditions: (1) Before the viability and after the death of the foetus; (2) when, owing to a contracted pelvis, an undilated os, or a firmly contracted uterus, turning is impracticable and the hæmorrhage great; (3) when the evacuation of the liquor amnii fails and the patient is too exhausted to bear turning.

Owing to the fact that a complete detachment of the placenta almost always causes the death of the child before delivery is possible, and that Simpson's theory of the source of the hæmorrhage has almost universally fallen into disrepute, separation as originally performed by this celebrated author is rarely practiced. The modification instituted by Barnes is much easier to perform and is preferable in every way. Here it is in his own language: "Pass one or two fingers as far as they will go into the os uteri, the hand being passed into the vagina if necessary, feeling the placenta, insinuate the finger between it and the uterine wall; sweep the finger round in a circle so as to separate the placenta as far as the finger can reach; if you feel the edge of the placenta where the membranes begin, tear open the membranes carefully, especially if these have not been previously ruptured; ascertain, if you can, what is the presentation of the child before withdrawing your hand. Commonly some amount of retraction of the cervix takes place after the operation, and *often the hæmorrhage ceases.*"

I have endeavored to give you in a concise form the various

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rules by which you are to be guided in the treatment of placenta previa. You will readily see that the method of treatment varies in each individual case, depending entirely upon the conditions present. Let me briefly recapitulate in order to stamp them more thoroughly upon your memory:

1. During the early months of gestation, and when the hæmorrhage does not assume serious proportions, temporize by the palliative measures already recommended until the period of viability is reached.

2. In hæmorrhage resulting from placenta previa after the seventh month of utero-gestation, no attempt should be made to prolong the pregnancy.

3. The first method to be resorted to in all cases, for the purpose of controlling hæmorrhage and exciting uterine contractions, is the rupture of the membranes.

4. After rupturing the membranes the case may be left to nature, providing the hæmorrhage discontinues. Should it continue, however, and the os remain undilated, recourse must be had to the vaginal tampon and internal administration of ergot. *In no instance should the plug be left in more than a few hours.*

5. The version is to follow the vaginal tampon, providing the patient is not too much exhausted, and the os is dilated or dilatable; if it is not, a Barnes bag must be brought into requisition.

6. Barnes' modification of Simpson's method of detachment is to be relied upon when, from any cause the other methods are inapplicable or when the non-viability or the death of the child is assured.

[TO BE CONTINUED.]

SASSAFRAS AS AN ABORTIFACIENT.

At a recent session of the Chicago Gynæcological Society Dr. John Bartlett read a paper entitled "Remarks on the Toxic Properties of Sassafras."

He stated that, for some years past, he had an intention of bringing before the profession reasons, rather feeble, it must be admitted, for the supposition that the medicine under con-

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sideration has marked potency in a direction, so far as he knows, not suspected by medicine men. Up to this time the declaration on the part of standard writers that sassafras is a remedy of questionable power, and the fact that it is hawked about the streets and used freely as a tea all over the country, has caused him to refrain from bringing before a scientific body his limited experience presently to be detailed. But the recent declaration that this drug possesses toxic properties may justify him in making the following statement:

Years ago, he was called to a woman among the poorer classes, of good intelligence and education, who was having a miscarriage. Upon inquiring as to the cause of the mishap, with a prefatory reference to her poverty and already large family, she stated that she had induced the abortion herself—that she had done so on previous occassions. She had employed, she said, "what other women used," sassafras tea. She was surprised that he did not know of the property of sassafras as an oxytocic. She spoke as if all her friends knew how to use it as an ecbolic, and she evidently looked upon it as a specific. Tea, she said, made from four or five pieces of the root, as large as the thumb and twice as long, would produce abortive effect.

A year or two later, he was called to a woman two months pregnant. For several days she had had symptoms of miscarriage of so pronounced a character that arrest of the process was doubtful. He found the patient very anxious to have a child; she disclaimed the intention of inducing abortion, and to all inquiries as to a possible cause of the hæmorrhage, she gave answers which left him no further questions except this: "Have you been drinking sassafras tea?" Surprised, she replied that for a week past she had used it at breakfast and supper. The proper remedies for her condition were prescribed, the possible offending tea taken off, and in twenty-four hours all was quiet *in utero*.

HYPNOTISM DURING PARTURITION.—In the *Wiener Medizinische Wochenschift*, Dr. E. Pritzel, assistant to Professor Karl Braun, reports a case of childbirth during hypnotism—probably the first of the kind on record. The patient, single,

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26 years of age, was admitted to the obstetrical wards of Professor Braun in the eighth month of pregnancy. She had always menstruated regularly, from her fourteenth year up to January of last year; since then, her health had been good and she had been entirely free from the nervous manifestations so common during pregnancy. Upon examination, it was found that she was readily thrown into a hypnotic state by holding a thermometer-bulb before her eyes for a few moments; she became unconscious and insensible to all irritations, while her color, pulse, and pupillary reaction remained unaffected. At the end of a quarter of an hour, or half an hour, the patient was aroused by long and continued irritation, shaking the body, blowing upon the cornea, slapping the breast with cold wet cloths, etc. After revival, she declared that she felt well after each experiment, but it was noticed that it was usually followed by a deep but natural sleep. Labor set in October 30th, and during the first stage she was restless and unmanageable. Cramps in the limbs, and intensity of the pains during the second stage, suggested a narcotic or the induction of artificial hypnotism. The latter expedient was adopted, and with entire success. She became unconscious and insensible. It was found that, instead of decreasing in force, the uterine contractions became more energetic, and were aided by the abdominal muscles. While the patient was entirely insensible, it was still noticed that she bent the left forearm, as if cramp were present, and there was considerable stiffness in the left leg; the right side of the body was unaffected. Between the pains she lay motionless, as if asleep. A well-developed female child was born, which cried lustily; the placenta was expelled, under the influence of abdominal pressure, in three quarters of an hour. The patient was awakened by holding ammonia to her nose and shaking her, after unconsciousness lasting an hour and a quarter. The confinement was, in every other respect, strictly physiological. In two other cases, from the same clinic, the method was also successful, although to a less-marked degree. —*Philadelphia Medical Times*, January 9th, 1886.

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MATERIA MEDICA AND THERAPEUTICS.

STROPHANTUS, A NEW CARDIAC REMEDY, BY DR. FRAZER.—Strophantus hispidus is a plant belonging to the family of Apocynaceæ, and at home in equatorial Africa, where the negroes poison their arrows with it. Especially the fruit is poisonous, containing a crystallizable body, slightly acid and of bitter taste, easily soluble in water and alcohol, and insoluble in ether, chloroform and benzine. In relation to its constitution it belongs to the glycoside group. It is, according to experiments, a strong poison to the muscular fibre, destroys in toxic doses the tonus and leads to a contraction of all muscles, which only ceases to end in the stiffness of death. The heart is also eminently affected by the toxic action of this poison, for every dose which shows no toxic effect on other muscles, intoxicates at least the heart; and vice versa, a nominal dose acts curatively on the heart and increases its contractions. In infinitesimal doses it retards the action of the heart, whereas in toxic doses the heart stops in systole. This action is brought about entirely without the influence of the nervous system, for the heart does not stop on account of disturbances of innervation, but because the cardiac muscle gets rapidly in a state of rigid contraction from which it cannot release itself. The therapeutic action on the heart is accompanied by an increase of tension in the arterial system, and sometimes by increased urinary secretion and diminished temperature. Five drops of the tincture up to twenty may be considered a dose. Dr. Frazer gave it in five cases where digitalis had failed, and succeeded admirably with it. Strophantus acts more energetically on the heart, but less intensive on the bloodvessels, and its secondary effects are also not so intensive as those following the use of digitalis. It ought to be indicated in all cases where circulatory disturbances are of central origin. Inasmuch as it acts with greater force on the heart than on the bloodvessels it differs from digitalis, as it increases the force of the heart, but differs somewhat again of it by the simultaneous resistance in the bloodvessels.—*Journal de Medecine de Paris, Febr. 1886.*

TRANSLATED BY S. LILENTHAL.

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THE EFFECTS OF COCAINE HYDROCHLORATE.

Among the many salutary effects of cocaine upon man, especial emphasis has of late been placed upon those concerning the mind. Judging of the reports made, cocaine is a narcotic worthy of honorable mention with Hashish and Kava-Kava. Taken subcutaneously, it is said to stimulate the imagination and the flow of ideas, to increase the productive powers, quicken the powers of reasoning, give rise to a feeling of well-being, and to excite dreams full of perfect happiness. Interested by these reports, I concluded to try its action upon myself. Being in full enjoyment of health, and mentally in a normal condition, I took a half-grain of Merck's hydrochlorate of cocaine, and repeated the dose when after the lapse of five minutes I had not experienced any effects. Perhaps five minutes after taking the last dose I felt a slight dizziness, a prickling sensation in the ends of my fingers, and pressure in the region of my stomach,—symptoms which continued about ten minutes. If the heart-beat and pulse were at all affected, they were somewhat retarded. The countenance was pale. The pupils were normal. The sensitiveness of the cornea was somewhat lessened, but that of the conjunctiva was perfectly normal. I felt a certain heaviness and weariness in the limbs, and an inclination to sleep. But the mental functions remained perfectly natural, even though there seemed a certain slowness of the flow of ideas. I laid down, took a scientific work, could read it understandingly, but preferred to remain unoccupied. In this manner I passed half an hour, and then fully recovered.

Four days later I repeated the experiment, but took on the start an hypodermic injection of two grains. Perhaps two minutes later I felt an exceedingly violent excitement of the heart-beat, and a violent rush of blood to the brain, with roaring and rushing noises in the head and ears. Heaviness in the head and vertigo grew so violent that I became confused and lost all my will-power and self-control. Perhaps I was unconscious for a short time. When I recovered myself, I was in condition very much like that of a person who has been on a spree. The fingers and toes were twitching, followed by a feeling of numbness. I had great sickness at the stomach and pressure in the epigastrium. When, in about five minutes, I commenced to

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improve, I noticed great pallor of countenance, profuse sweat on the forehead, sunken eyes, enlarged pupils of normal reaction, lessened sensitiveness of the corneae and conjunctiva. Accommodation, refraction and muscular co-ordination perfect. Pulse feeble, lowered arterial tension and feeble heart-beat, superficial, slow breathing. Coldness throughout the body. Could not reason, everything seemed to run through my brain, and in vain I summoned all my will power to overcome an increasing sleepiness. A half-hour after taking the injection I went to bed, suffering from nausea, hemicrania and general prostration. I fell asleep at once, and awakened, feeling perfectly well, after eight hours' sleep.—Dr. M. Landesberg in *New Yorker Medic. Presse*, March 15, 1886.—Tr. by H. R. A.

PHYSIOLOGICAL ACTION AND THERAPEUTIC VALUE OF QUILLAIA BARK.—In England, as well as in Germany, senega is considered to be an excellent expectorant. But, on the other hand, it has been found that the quality of the commercial specimens of senega root is very unequal, for, seeing that the active principle is only to be found in the bark, thick roots can only contain very little, and as the quantity of these principles present in senega root is quite trifling, it thus comes about that one only gets a satisfactory effect from senega when the infusion or decoction is very strong—10 or 15 parts in 200 of water. For two reasons, viz., the weakness of the genuine article and the occurrence of falsification, many experienced physicians have given up the use of this substance. On investigating this subject I have found that the same two principles which occur in senega are present in considerably greater quantity in another drug which costs but a fifth of the price, that is, in the bark of quillaia saponaria (Molina). I have named them respectively quillaic acid and sapotoxine. One must not imagine that the former is an acid in the usual sense of the word, but only in the same sense as carbolic acid. Schmiedeberg proposes, therefore, to call it quillaïne instead of quillaic acid, but one must remember that the word quillaïne has been in past times applied to the impure mixture of the two substances. It has been found in clinical investigations in Halle, Strassburg, Freiburg, &c., that the administration of senega can be very efficiently

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replaced by that of quillaia. The decoction of quillaia bark (5 in 200 of water) has a much pleasanter taste than that from senega, so that even children prefer the former.

The therapeutic results hitherto obtained may be expressed as follows: when expectoration is difficult from the tenacity of the mucus, it is facilitated through the latter being rendered thinner and more copious; at the same time the stimulus to expectorate is increased. It naturally follows that this remedy is not suitable for every case, and that it must not be employed when the urgency to cough and the raw feeling in the throat gets too acute. Vomiting and diarrhœa occur much seldomer than after senega. Any aromatic or simple bitter may be used with it as a flavoring agent. The drug itself contains a large quantity of a sweet carbo-hydrate, and can be employed without any corrective. The remedy is contraindicated in cases of ulceration in the throat or in the gastro-intestinal canal, since it is too energetic an irritant for such.

The physiological actions of these two glucosides, whether they be from senega or from quillaia, were in every case identical. When injected into the blood, doses of even 0.5 mgm. per kilogramme ($= \frac{1}{110}$ grain per lb.) of the weight of cat or dog caused a fatal result. For rabbits and guinea pigs the dose must be slightly increased. In all the above cases death was due to paralysis of the central nervous system, without a trace of alteration being detectable in any organ, or even in the brain. At the utmost the number of the blood corpuscles in a cubic millimeter was decreased by a fifth. After large doses, however, very decided anatomical alterations show themselves in the gastro-intestinal canal, in spite of the fact that the injection has been made intravenously. These alterations consist in multiple punctiform extravasations, which appear first in the subserous tissue, and subsequently in the mucosa and submucosa; they are best seen in the duodenum and in the large intestine. Hand in hand with these hæmorrhages comes on an enormous swelling of the parts affected, and this advances to the formation of diphtheritic patches, which get more or less detached. The fæces of the animal under these circumstances exactly resemble those of dysentery. It is very remarkable that the tumefaction of the duodenum very often extends along

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the common duct into and throughout the gall bladder, which also frequently exhibits extravasations under its serous coat. When injected locally, these glucosides act as intense local irritants, in other words, they evoke, under antiseptic precautions, great œdema and extensive extravasations there, along with functional incapacity of all the immediately neighboring parts. Painted upon the inside of the throat, even when in very dilute solutions, they cause coughing, soreness, salivation, and nausea. Introduced into the *healthy* gastro-intestinal canal they do not get absorbed into the blood; only when ulcers are present, or the mucous membrane has been irritated by previous repeated doses, does absorption take place. Most striking is the action of these substances upon the blood, for the red blood corpuscles become dissolved when one millionth part by weight of the substance is added to it.

These bodies may be correctly described as poisons to the protoplasm. In warm-blooded animals they destroy at first the functions of the most sensitive forms of protoplasm; in other words, that of the central nervous system, and death results from cessation of the respiration. In frogs one can, however, show that they are also fatal poisons to the other protoplasms, *e. g.*, of the heart; for the motor ganglia, and then the muscular tissue itself gets paralyzed.—Rudolph Kobert, M. D., in the *Practitioner*.

THE MEDICAL COUNSELOR AND MICHIGAN JOURNAL OF HOMŒOPATHY is under obligation to that excellent journal, *The Medical Era*, for a very courteous notice. THE COUNSELOR cannot reciprocate in kind, for everybody *knows* that the *Era* is one of the best conducted periodicals of our school, and praise would be of value only as an expression of hearty good will and respect. Long live the *Medical Era*.

The Portable Doecker Huts for ambulance and hospital service have been awarded a prize of 5,000 francs offered by the Empress Augusta, of Germany, for the most useful and best ambulance hut. The Doecker huts are built of wood, fire and water proof, easily cleaned and disinfected, quickly taken down and put up, and portable. Between 12,000 to 14,200 cubic metres of air are allowed per bed. A large hospital building may be quickly constructed by placing a number of these side by side.

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THEORY AND PRACTICE OF MEDICINE.

GENERAL CLINIQUE, HOM. MED. COLL. U. OF M.

(SERVICE OF PROF. D. A. MC LACHLAN).

REPORTED BP G. B. KELSO, CLINICAL REPORTER.

CIRRHOSIS RENALIS.—Mr. H., aet. 41, Pinconning, Mich. Occupation, school-teaching. Patient says he has "stone in the kidney," and furnishes us with the following history. Father died of erysipelas and mother of cancer. One sister died some years since of dropsy. When a boy six years of age, patient says he passed a stone about the size of a bean, following some irritation of the kidneys. No further trouble of this sort occurred until he was eighteen years old, when he took a severe cold, which was followed by spells of severe pain extending from the region of the kidney to the bladder. The paroxysms were always accompanied with nausea and vomiting and were relieved by opium. It was pronounced colitis by the attending physician. The pains were much worse when the bladder was full, and generally passed off with profuse urination and free perspiration. No or little difficulty was felt in urination, and the quantity of urine appeared to be normal.

These attacks continued at longer or shorter intervals (three or four months ordinarily) until three years ago, when the vomiting ceased and the nature and the location of the pains were changed. They became of a boring or twisting character, extending from the bladder into the urethra and down the limbs. Two years ago, had much palpitation of the heart and throbbing in the abdomen, which was pronounced aneurism of the abdominal aorta.

About six months ago, was obliged to give up work, on account of the frequent attacks of pain, which comes on suddenly in right inguinal region and extends into the bladder, the urethra, &c. Has also severe cramps in the feet and the limbs during the paroxysms, which come on irregularly and are relieved by voiding urine freely. They last about a week or ten days and occur after intervals of from two to four weeks. They appear to be worse and more frequent in malarial seasons and after exposure to cold. Palpitation of the heart and smarting pain in the bladder are present more or less, all the time. Pulse

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is intermittent also with pain down the left arm. Has trouble with the heart when lying down, especially at night, and cannot lie upon the left side. The pains in the bladder are relieved by pressure and aggravated when it is filled with urine, or by flatus in the bowels. During the last six months, considerable stringy mucus has been noticed in the urine. The urine is sometimes pale and at other times high-colored. Analysis shows it to be acid, slightly increased in amount, and specific gravity 1022. It contains albumen, epithelial casts, hyaline casts, and pus. It was first noticed to be albuminous about three years ago. Patient also complains of headache, vertigo, more or less impairment of vision, constipation of the bowels, especially during his "bad spells," restlessness at night, pain in region of heart, etc.

From the history as well as the present condition, we have no difficulty in making a diagnosis of Bright's disease, the only question being as to the variety. You know we have to deal with three forms of Bright's disease, which are essentially different, although they are all characterized by albuminous urine containing tube-casts, accompanied with general dropsy and degeneration of the structure of the kidneys. It is important that we should differentiate between them, for the reason that they affect different periods of life, arise from totally different causes, and give rise to dissimilar symptoms; but chiefly because they are so uniike one another in their course, in their tendency to recovery, and lastly, in the *treatment* they require. These divisions are, Tubal nephritis or the large smooth kidney, Cirrhotic or granular kidney, and the Lardaceous or waxy kidney. This is perhaps an anatomical classification, but is found to be clinically correct also, inasmuch as they give rise to different symptoms during life, and present different appearances after death. The first two are primarily and essentially kidney diseases, while the third, amyloid degeneration, is secondary, and is only part of a general systemic disorder. Considering the causes of lardaceous or amyloid degeneration of the kidney, we find it to be almost invariably due to suppurative processes in other parts of the body, or that it has for its basis a strumous, phthisical, or syphilitic taint. There is in this disease an infusion or infiltration into the tissues from the blood, of an abnormal product, which was thought by the

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earlier pathologists to be closely allied to starch, from the fact that if a portion of tissue from the body, or of epithelium from the urine is moistened with iodine, it is stained a reddish-brown, which will be again changed to violet on the addition of dilute sulphuric acid. Hence, from the close resemblance to the reactions of starch, they gave the term amyloid to this condition of the kidney. Later this lardaceous matter was found to be fibrinous, and is supposed to be due to de-alkalization of the blood. Fibrin is normally held in solution in the blood by the presence of alkaline salts; hence the loss of them, causes the deposition and solidification of fibrin. It is, like granular degeneration, an insidious disease, and ordinarily an advanced stage is reached before the characteristic changes are noticed. The patient has probably suffered for months or years from some wasting disease or suppurative processes, until he or she has become weak and cachectic. Diarrhœa, affections of the throat and the lungs, as bronchitis or pneumonia, enlargement of the liver and the spleen, etc., etc., take place from the deposition of lardaceous matter in all the tissues, which maintains a constant state of sub-acute inflammation. The history of this case then, if nothing more, will warrant us in excluding waxy kidney for the present at least.

Let us now consider the first variety, tubal or parenchymatous nephritis. This form of Bright's disease arises more often from exposure to cold, or follows some acute disease, such as scarlatina, diphtheria, erysipelas, etc. The chronic form is usually a progression from the acute, differing from both the others in this respect: an attack of tubal nephritis is usually ushered in with fever, perhaps with chills, pain in the region of the kidneys, and symptoms of gastric disturbance. The urine is greatly diminished in quantity, and of low specific gravity, showing retention of urine and other solid elements. It is smoky or dark, contains albumen in great quantity if the congestion is severe, and perhaps blood. There or more or less tube-casts, showing the nature of the trouble. It runs a much more rapid course than either of the other forms. Although the indications in this case resemble those of tubal nephritis so nearly as to render it much more difficult to decide against it, still I think we may safely exclude it also, on account of the history, character, and slow progress of the disease in the present instance.

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We have arrived now, by a process of exclusion, at the only remaining form of Bright's disease, which we will briefly consider, in order if possible to make the diagnosis positive and clear.

Cirrhosis or granular kidney is due ordinarily to heredity (the so called gouty diathesis), mineral poisoning (notably that of lead), and bad habits, such as dram-drinking and all the forms of indulgence known as "high living." In this instance there is shown in the family history a disposition to constitutional trouble. He tells us that his mother died of cancer, one sister of dropsy, doubtless induced by renal trouble, while the manner of his father's death, though somewhat vague and uncertain from the account given, points almost certainly to some predisposition to constitutional disease—a strumous diathesis probably. The patient's occupation and the lack of any history of acute renal disease or of any of the acute diseases likely to induce it, render the diagnosis of tubal nephritis very improbable to say the least; while the family history, the evident disposition to pain and neuralgia, the very insidious approach of the malady, the slight change in the amount and the appearance of the urine, the absence of tube-casts in the urine, the cardiac complications, etc., etc., all point quite unmistakably to granular degeneration. Dickinson, the eminent author on albuminuria, considers the extreme chronicity and the hypertrophy of the left ventricle almost, if not quite, pathognomonic of cirrhosis. Cases have been known to last twenty years, and this patient, from present appearances, bids fair to live a long time yet. The ophthalmoscope reveals no characteristic changes in the retina; but the impaired vision, the vertigo, the headache, the disturbance in sleep, etc., prove to us that those changes are slowly but not less certainly taking place. In this form the fibrous stroma of the kidney is first affected, the tubes and the blood vessels subsequently. The increased stroma press upon and occlude the vessels to a greater or less degree.

The walls of the vessels become thickened and atheromatous, a condition which soon becomes general, and results in left ventricular hypertrophy and the various lesions found in the eye and the brain. Degeneration of the retina forms a ring of white spots about the disk, while the weakened cerebral vessels

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give way, and cause extravasation and hemorrhage. The pain in the back and the loins is not constant usually, and there are often intervals during which it is not felt at all. Dropsy is not nearly so constant a symptom as in tubal nephritis; in fact, many patients die from cirrhosis, without dropsical effusion. If conspicuous, it is when the renal disease is conjoined with valvular disease of the heart, and in such it is difficult to say whether the heart or the kidney deserves most blame. The urine is generally not scanty until a late stage of the disease, the specific gravity is usually below the normal but not necessarily so, the reaction is only slightly acid, and it is pale and clear, as in this case. The pus which we find in the urine in this instance, is doubtless due to accompanying inflammation in some portion of the kidney, for if it came from the bladder there would be mucus in the urine, and the reaction would be alkaline ordinarily. Besides, there is no difficulty in urinating.

I need hardly tell you that in this case our prognosis must be very guarded at least. Very few of these cases recover, and it is extremely doubtful if any ever get well at this stage of the disease. By judicious management and the use of the proper remedies, the distressing complications may be alleviated or relieved, and the patient's life very much prolonged. Clothing and climate are of the highest importance in the general management of these cases. Flannel underclothing should be worn night and day. The skin must be kept warm and active, and for thise purpose frequent baths of warm water, followed by brisk friction, should be taken. Probably no disease is more influenced by cold and changeable weather than the one we are considering. A locality possessing a mild, dry atmosphere and a soil that is light and sandy, is the one best adapted to such cases. Patients should take gentle exercise in the open air, sufficient to promote perspiration. In our own country, Georgia, Texas, and California, afford excellent resorts for persons suffering from Bright's disease, but of these, California probably possesses the advantage in the singular equability of its temperature. In this case we need not restrict our patient so closely in the matter of diet, as is necessary in some, hence we will allow him the use of fresh meat, sparingly, with eggs, milk, broths, vegetables, bread, etc. In cirrhotic and amyloid kidney, our

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patients demand a more supporting diet—especially is this true of the latter, which so often follows wasting or suppurative processes. Mineral waters are also found to be very useful in these cases, especially when the kidney lesion is associated with catarrh of the renal pelvis and the bladder.

In Old School therapeutics, one method after another has been for a time "lauded to the skies" and again consigned to oblivion, as it was proved injurious or ineffectual, or another more fashionable plan was devised and crowded upon the notice of the "scientific" profession. In this way, blood-letting, mercurials, diaphoretics, hydragogue cathartics, etc., have each had their day, until at the present time about the only anchor left them in the sea of doubt and confusion, is Digitalis, and that they cannot always use.

On the contrary, we can refer with pride to a list of remedies which have proved efficacious in relieving or curing these conditions. Among these I may mention to you a few, which will be likely to be of more or less service in the treatment of the case now before you. Aurum muriaticum, Convallaria, Digitalis, Mercurius corr., Phosphorus, and Plumbum, all present prominent indications for use in albuminuria; but for this patient, probably Conval., Dig., Merc. corr., or Plumb. will most nearly meet the indications present. Conval. or Dig. is especially useful in cardiac complications, and Merc. corr. when among the other indications, suppuration is present, evidenced as in this instance by pus in the urine; but the peculiar mental or nervous condition which you see present in this man, the characteristic headache, visual trouble, dyspnœa, dry skin, *colicky pains*, constipation, etc., together with the pathological condition, point almost unmistakably to Plumbum as the remedy *par excellence*. We will place him upon Plumbum 6^{x} trituration, with such hygienic measures as appear necessary or useful from time to time.

[NOTE—Patient returned in three weeks somewhat improved. Plumbum was again prescribed, with Digitalis, to be used as an intercurrent remedy, when required for the cardiac complications, under the advice of his family physician].

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MISCELLANY.

MICHIGAN ASYLUM FOR INSANE CRIMINALS.

While on a visit to Saranac and Ionia, your correspondent visited the above institution, and thinking that a description of it might be of interest, he jotted down the following notes:

In June, 1883, a law was passed to establish this institution for the relief of the other asylums and the prisons of the state. There is only one other institution of the kind in the United States: that at Albany, New York. The patients are all more or less dangerous, there being now in this asylum over twenty homicides, as well as many of suicidal tendencies. Knowing the class of persons intended for the place, we could not help feeling some misgivings as to the safety of a visit to such quarters. The asylum is located on the same ground as the State House of Correction, but has no connection with it whatever, being a separate and distinct concern.

The grounds of the two institutions are situated about a mile west of Ionia, on an elevation overlooking the city, the scene from the grounds being a very fine one. Ionia stretches away to the East and, like all Michigan towns, is beautiful, lively and prosperous. On the south is Grand river, and beyond it, westward, is a line of hills covered with trees and farms, forming a pretty piece of scenery. No better location could have been selected, as in addition to its beautiful and healthful situation there is an abundant water supply.

The building is a three story brick, trimmed with Ionia sandstone. The administration building faces the east, while the asylum proper extends westward, with two wings running north and south, forming a double cross with the extension east and west and connecting corridors. This portion of the institution is two stories high, with basement below and large attic above, where the ventilating flues extend, being connected with heated radiators, placed within galvanized boxes, which open into the ventilators above in the extreme summit of the building. These radiators have steam pipe connections with the general system of heating apparatus in the basement.

On entering the basement, a fair idea of the heating apparatus may be had. Here the steam heating coils are ar-

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ranged on either side, covered with galvanized iron open at the bottom, to allow the fresh air to enter. The indirect method of heating is used which combines heating with ventilation.

From these radiators warm air flues or ducts pass up to the halls above. In each room begins the ventilating flue which passes up to the heated radiator above, and as the air becomes heated it rises, and thus warm, fresh air is constantly supplied to the rooms and halls. Fresh air ducts let in the fresh cold air to the basement.

In the basement are also found the various conducting pipes for gas, steam, and water. Both hot and cold water is supplied to all parts of the building. Telephone wires are also seen here, the building having a complete system of its own, making it possible to communicate with any part of the asylum from any room in it. The building is lighted by gas.

The ground floor of the administration building has an elegant reception room, offices, etc. These are finely furnished.

So much for descriptions thus far. The visiting party consisted of Dr. and Mrs. Grant, of Ionia, Dr. and Mrs. Gesler, of Saranac, and your reporter. After being entertained at dinner by Dr. and Mrs. Grant, the party entered carriages, and after a brisk drive through town we found ourselves on the previously described beautiful grounds, looking up to the grim though handsome building, with its iron bars on the windows of the wings. A ring at the door-bell brought Dr. O. R. Long, the Superintendent, himself, who gave us a cordial welcome. The ladies were shown to the parlors, while the gentlemen composing our party entered the office of the establishment.

Here we met Dr. Dolan, the genial assistant of Dr. Long. The doctor's old friends will be glad to know that his health is much better now than formerly, that he looks fat and sleek, and has "braced up" greatly in his new position. After a pleasant chat in the office, word being sent that the ladies were ready, we started to visit the halls and rooms of the asylum proper, the party being increased by Mrs. Long, who accompanied us.

As remarked before, the worst class of insane, those who exhibit homicidal or suicidal tendencies, are here, and the feeling is sure to steal over one that there is possible danger, and

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sights and sounds far from pleasant must be encountered in such a visit. A visit will entirely dispel any such idea. Dr. Long led the way, unlocking the heavy doors, the party of visitors came next, and Dr. Dolan followed, locking the doors again. The first ward visited is known as the "convalescent ward." The sights and sounds here were the very reverse of gloomy; this part of the building, being the south wing of the first cross, is light, sunshiny and airy, and has great heavy asylum chairs, settees, and tables. Some of the patients were reading, others playing games, dominoes, cards, checkers. One of the patients, bent back, with eyes shut and foot patting in regular old-fashioned country style, was playing a violin, rolling out old home tunes much to the delight of his audience. Another, an old white-haired negro, formerly from the prison at Jackson, had a small but delighted audience listening to his performances on the mouth organ. Closer observation revealed him to be blind. Attendants stood like statues in various parts of the halls, to preserve order and attend to the wants and needs of the patients.

Some sat morose and silent alone, staring into vacancy and taking no part in the amusements of their fellows. Their hair in most cases is cut close, though some have long hair and beards. There is no regulation dress, but all the patients look neat and clean, a wonderful fact when we think that these are all bad cases of their kind, and this of the very worst. Constant watching is here the secret of success.

Looking around, we see a long hall extending through this ward, with rooms on either side for patients. The chairs and settees are very heavy, to prevent their being either broken or used as weapons; they are ranged on each side of the hall and day-room for patients.

Each sleeping apartment is provided with a neat bed. A large window gives plenty of light, and fresh warm air is brought from the basement through the air flues.

Were it not for the grated windows, one might think this a model apartment in some private house rather than accommodations for the very worst element of society.

At the end of this ward is the entrance to the "airing court" and general dining room.

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The dining-room and kitchen occupy the ground floor of the second cross, and thus have plenty of light and sunshine. Everything here is on the same grand scale as the rest of the building. Great recesses in the walls for dishes, magnificent in design and workmanship; provision for cooking by steam, aided by a great range, and immense urns for tea and coffee.

The tables are arranged in rows, and are nicely furnished, with the exception that the patients' tables have no knives and forks, only spoons being allowed them. This is to prevent their using them for weapons to injure either themselves or others. Extending to the west from the dining-room is another long hall for patients. In the centre of this, and facing south, is another alcove where patients may enjoy the view. The upper story is a duplicature of the first, with the addition of one extra hall used for female patients. A number of women were in the woman's ward, two of whom had their hands confined; these two, and one man being the only ones in the asylum who do not enjoy the largest liberty possible in the wards. The female ward has a separate dining-room on this floor, furnished as the one below, and having an elevator to connect it with the kitchen.

The profession of the state may congratulate themselves on the institution having fallen into the hands of Dr. Long. His great executive ability shows itself in all the management of the institution, in the perfect system of managing the attaches, and taking care of the patients, in the great attention to detail as shown in the general air of care and cleanliness throughout; and further in the neat attire of the patients, and the waxed and polished floors of the asylum—prison, for such of course it is. We shall not now be lacking in evidence within the state that we have physicians who can step right out of practice, and manage an institution not only with credit, but with a thoroughness which guarantees the success of the institution, and justifies those who have been knocking so long for official recognition in the asylums of the state. After a further social chat we bade our host and hostess good bye.—H. L. O.

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CHLOROFORM AS A HÆMOSTATICUM.

Dr. Spaek recommends chloroform as a haemostaticum in operations, especially in those of the mouth and throat. He uses a 1% watery solution either as a wash or in the form of a spray, directed to the suffering part of the body, and for daily use prefers it to all styptics. Dr. Swanberg recommends chloroform in obstetrical practice, especially in difficult labors on account of the obstinate rigidity of the os. He applies a flannel compress soaked in a mixture of chloroform and olive oil (1:1 or 2:1) on the abdomen between symphysis and umbilicus, so that the compress adheres closely to the skin. When necessary, some more of the mixture may be put on the compress. After five to twenty minutes the rigidity is usually diminished, and the indicated manipulation can be performed. It is a valuable aid for the country practitioner, where assistance and the common use of chloroform cannot always be had. Dr. Friedrich Getz makes excellent use of chloroform in the last stage of labor, and bases his indications on the alcoholic injections recommended in uterine hæmorrhages by English physicians. He relates that he was called to deliver a robust woman. For four hours very strong labor pains failed to make the least impression, though the head was low down, and after delivery with forceps the obstacle was demonstrated, the cord being twice around the neck of the child. After removing the placenta a frightful hæmorrhage set in, so that he feared to remove his hand, acting as tampon and as a stimulant, from the uterus, which was relaxed and would not contract, though hot water was injected close to the hand. Chloroform was then poured over a sponge and introduced into the uterus and applied over the abdomen. The introduction of the sponge into the uterus caused severe burning pains along the whole genital canal, but it caused also strong contractions of the uterus, and the flooding stopped.

A chlorotic, delicate woman of 23 years was pregnant for the third time, probably four months gone. For a whole week she had slight pains and some hæmorrhage, when on the ninth day copious flooding set in with some labor-pains. During the examination the fœtus was expelled, and with it a large black coagulum. Cold injections, tamponing and alum failed to be o

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the least service, the woman fainted away, was icy cold and pulseless. The same mixture of chloroform and sweet-oil was now introduced into the uterus, which caused the same burning sensation, and contraction of the uterus and vagina followed, and the woman's life was saved.

The action of chloroform does not consist in coagulating the blood, as ferrum muriaticum, alum and other astringents do, but a mechanical narrowing and closing up of the bloodvessels in consequence of muscular contraction in them and in the neighboring tissues. Alcoholic injections act in a similar manner, but the stimulant action of chloroform is far greater, and its application more reliable.—*Allg. Med. Centr. Zeitung 8, 1886.*

CHAT ABOUT BOOKS.

AMERICAN MEDICINAL PLANTS, by Millspaugh. Publishers, Boericke & Tafel, New York and Philadelphia, 1885.

The third fascicle of this remarkably fine work contains the usual number of plates (thirty), among them plates of Baptisia, Cimicifuga, Conium, Rhus tox., Kalmia lat., Stramonium, Phytolacca, et. al. The previous fascicles have been so warmly commended and have excited such universal admiration that the highest praise we can bestow upon the part now at hand is comprised in the statement that it equals parts I. and II. in the correctness and beauty of illustrations and of letter press. H. R. A.

THE VALUE OF VACCINATION. A non-partisan view of its history and results. By Geo. W. Winterburn, Ph. D., M. D., F. E. Boericke, Hahnemann Publishing House, Philadelphia, 1886.

This little book certainly contains matter for careful thought and investigation, and after its perusal the ordinary vaccinator cannot fail to hesitate and weigh the results of his work. The author says in his preface "Vaccination became a question of public policy when laws for its enforcement were enacted, and as long as people are taxed to support it, they have the common right of investigation." The work is both instructive and entertaining, and should be in the hands of every man, whether lay or professional. Although we cannot agree fully with the author's position, we recognize the very great necessity for placing such facts and conclusions before the people and profession. There would be less need for such a treatise on vaccination if every person were thoroughly conversant with the evils likely to result from the promiscuous or careless use of vaccine virus.

D. A. McL.

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Bœricke and Tafel's "Bulletin" has gone the way of all flesh; the "Homœopathic Recorder" takes its place. The new journal is a bi-monthly, edited by Dr. J. T. O'Connor, thoroughly neat in appearance, and in interest of matter a great deal more of a medical journal than an advertising medium. Terms, 50 cents a year, which amount may be remitted in postage stamps.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M. D., and J. P. Dake. M. D., Part II. Agaricus-Arnica: London and New York, 1885.

The second part of this important work has been in the hands of subscribers for some considerable time. Being based upon the rules which guided in the preparation of the preceding part, and which will be followed throughout, the only difference observable in the parts issued is the evident desire, in the fascicle now at hand, to condense more freely. It does not appear that the interest or value of the work is likely to be impaired by judicious condensation; in fact, some portion of the space devoted to experiments upon the lower animals might, perhaps, be better utilized. That the work, when completed, will prove one of great usefulness and of permanent value, is apparent; no student of the materia medica can afford to be without a copy of it.

H. R. A.

JOHNSON'S THERAPEUTIC KEY., Philadelphia, F. E. Boericke, 1886.

This valuable hand-book comes to us revised, enlarged and improved in every way. While that part of the work formerly comprising the Materia Medica has been omitted, its place has been well filled by the many invaluable hints and information so essential in the present advanced state of therapeutics and surgery. The many auxillaries and expedients necessary especially in emergencies, such as a list of antidotes for poisonings, chemical tests, medico-legal notes, dietetic preparations, hygienic measures, local treatment, etc, etc, reduces it to an invaluable adjunct to the student or young practitioner. At critical times any physician will experience great satisfaction in having at hand such a reliable reference and in not being forced to rely wholly upon his memory for these little, but most important, aids when prompt and decided action is called for. This, the fifteenth, edition, will doubtless meet a still more hearty reception and more rapid sale than the former ones.

D. A. McL.

The electric light has been used in this city to light up diseased bone which had been drilled by an ingenious instrument called the electro-osteotome. The operation is said to have been successful.—(*N. Y. Med. Times.*)

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COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

On March 15, H. B. Wilson, '86, read before the Unity Club, of this city, a paper on the "Relations of Color to Emaciation."

On Friday, 26th, all the departments of the University were closed for a vacation of 10 days. About one-half of the students have gone home.

Prof. Arndt has awakened quite an interest in regard to the new provings, and a large proportion of the students have volunteered to undertake some practical work in that line.

Members of the class of '81, Homœopathic Department, are especially requested to meet with the Alumni during Commencement week, 1886. H. W. CHAMPLIN, M. D., Chelsea, Mich.

Through the kindness of several of our alumni in sending some of their patients to the hospital, the seniors and a few others are soon to have the opportunity of doing some practical obstetrical work.

Dr. A. B. Grant, of Ionia, President of the Michigan Homœopathic Medical Society, last week brought a patient to the gynæcological clinique, and spent a couple of days visiting the department. He expressed himself as being highly gratified to see the college on the upward tend, and prophesied that the profession would rally to its support as they have never done before.

We are indebted to several of our alumni for the following corrections in the department list of alumni and their residences:

J. A. Baker,	'77,	Castalia, Dak.
George Blatchford,	'84,	Norvell, Mich.
Samuel a Brown,	'80,	Portland, Oregon.
E. C. Brown,	'80,	Portland, Oregon.
S. E. Burchfield,	'81,	Greensburg, Pennsylvania.
H. L. Clark,	'82,	Fremont, Ohio.
W. D. Cooper,	'83,	Ann Arbor, Michigan.
A. E. P. Eastman, (Now Mrs. Dr. Marsh.)	'79,	Greely, Colorado.
J. F. Flint,	'81,	Erie, Pennsylvania.
E. A. Fisher,	'81,	Austin, Texas.
R. Celia Henderson,	'80,	Minneapolis, Minnesota.

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Florence S. Holden,	'81,	1931 Franklin av., St. Louis, Mo
J. B. Hubbell,	'83,	Dansville, New York.
Thomas J. Jackson,	'80,	Milford, Michigan.
F. D. Kendrick,	'81,	Bismark, Dakota.
J. Kate Laub, (Now Mrs. Perkins.)	'84,	Bismark, Dakota.
John M. Lee,	'78,	Rochester, New York.
Edwin A. Lodge,	'79,	Milford, Michigan.
H. M. Lufkin,	'83,	Vienna, Austria.
S. C. Ross,	'81,	Scranton, Pennsylvania.
George A. Taber,	'77,	Richmond, Virginia.
Genevieve Tucker,	'80,	Northfield, Minnesota.
Thomas H. Turner,	'82,	Kasson, Minnesota.
William Watts,	'78,	297 Huron st., Toledo, Ohio.
Frank N. White,	'78,	Jackson, Michigan.

A large number of the minor mistakes in the list, printed in our first number and not reported above, have been corrected. The University authorities, through this department, earnestly invite the coöperation of all alumni to see that the department list is correct, and kept so. Our alma mater deserves to know the whereabouts of her children.

MEMORANDA.

Prof. Woodward, of the *Chicago Homœopathic*, is convalescing from a tedious illness.

Dr. A. Hanlon, of Middleville, Mich., was recently married to Mrs. E. H. Smith, of Grand Rapids.

Dr. Austin Flint, the well-known practitioner, teacher, and author, died in New York on March 13, 1886, at the ripe age of seventy-four years.

Dr. Phil. Porter, of Detroit, until recently in charge of the gynæcological department of the *Medical Advance*, has withdrawn from said journal.

Dr. Wm. Ameke, of Berlin, the author of the "History of Homœopathy," a work translated by Dr. Dudgeon, and warmly received by the profession, recently died in the 35th year of age.

Admission to the practice of medicine in the State of Pennsylvania will hereafter depend upon a successful examination in chemistry, physiology, anatomy, materia medica, therapeutics, pathology and morbid anatomy: The possession of a medical diploma does not exempt the owner from the examination.

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Death from exposure was the verdict recently rendered by a Helena (M. T.), jury on the body of a horse thief who was hanged by vigilants.—*Exchange.*

Prof. Samuel Lilienthal, of New York city, Dr. Edward S. Coburn, of Troy, Dr. Everitt Hasbrouck, of Brooklyn, and Dr. Titus L. Brown, of Binghampton, at the recent session of the state society of New York were nominated to the regents for the honorary degree of doctor of medicine.

In order to meet the demand from new subscribers who wish to have Vol. XI complete we will gladly pay 10 cents each with postage, to any one who will return us one or more copies of our Feb. 1st issue (No. 1, Vol. XI). If you do not wish to subscribe for the Journal you will confer a favor by sending us at once the above mentioned number.

It is stated (Archives of Dentistry) that the much-vaunted dexterity of the Chinese in extracting teeth by manipulations with the fingers of the operator, is a humbug. They rub the teeth with arsenic, producing in a few days sloughing and consequent looseness of the teeth, thus making it a task of no difficulty to remove the tooth in the manner before described.

Dr. Sarah C. Harris, of Galena, Ill., died February, 23, 1886. Dr. Harris was a woman of considerable ability and highly respected as a citizen and as a physician by the community in which she lived, and by the profession of which she was an unassuming but active and highly useful member. Her bright countenance will be missed at the next meeting of the Western Academy of Homœopathy.

Our dear old colleague Lilienthal, of New York, is a fine illustration of the force of habit. Not so very long ago he retired from the editorial management of the *North American*, largely to recruit and to take life easy; and now he is evidently boiling over with unspent energy, scattering blessings among our editors by his excellent translations and comments.

The venerable Dr. A. E. Small, of the Hahnemann Medical College, of Chicago, who has been on the lecture platform since October, 1849, on Christmas day, 1885, was made the recipient of a beautiful gold medal and cane by the students of Old Hahnemann. This act of courtesy does credit to the class, and the eloquent speech of presentation expresses the sentiments of the entire profession.

At the tenth annual commencement of the Chicago Homœopathic Medical College, held on February 23, 1886, fifty-two people were made happy by the receipt of the magic parchment which makes of a man a full-fledged "doctor of medicine." The commencement exercises (26th annual session) of the Hahnemann Medical College were held on February 25, one hundred received the degree, seven of them "ad eundem."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
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OBSTETRICS, GYNÆCOLOGY, PÆDOLOGY

EXTRACTS FROM LECTURES ON PUERPERAL HÆMORRHAGE.

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY I. S. MORRIS, CLINICAL ASSISTANT.

[CONTINUED.]

ACCIDENTAL HÆMORRHAGE.—The next variety of *puerperal hæmorrhage* to be considered is that resulting from the separation of a normally situated placenta, and is described in most obstetrical works as *accidental hæmorrhage*. In consequence of an accident of this kind, the blood, escaping from the ruptured utero-placental vessels, will either make its way between the membranes and decidua, escaping externally, or it may fail to find a passage externally, collecting internally, and giving rise simply to the subjective symptoms incident to the loss of blood. It will thus be seen that the so-called *accidental hæmorrhage* resolves itself into two varieties, namely, the external and the concealed. There will be no difficulty in recognizing the first of these, but the second variety frequently gives rise to the most serious symptoms, death even ensuing before the nature of the case is suspected. The probabilities are that the concealed variety is much more frequent than is usually supposed, for the reason that a diagnosis is often difficult to make, Dr. Goodell having recorded no less than 106 instances of the accident.

Causes.—The placental separation results from various causes. In a large majority of cases it is the result of an injury of some kind, and the patient or her friends will tell you that

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she has been subjected to some undue physical exercise. If she has been compelled to personally attend her household duties, the accident is very apt to follow the lifting of heavy weights. Slipping or falling down stairs are not unfrequent exciting causes. In many cases, however, the cause will be very obscure. In women predisposed by impaired health or a weakly constitution, the cause is referred to some change in the uterus, whereby an unusually strong contraction produces the separation, extravasation at first being slight, but large enough to excite the organ to renewed contraction. The diseases capable of inducing a hæmorrhage in this way are, besides the various affections of the placenta itself, anaemia and albuminuria.

Symptoms and diagnosis.—Owing to the small size of the placental vessels in early pregnancy, accidental hæmorrhage rarely occurs to an alarming degree until the later months of gestation. The diagnosis of the external variety can be made without any trouble, even though the hæmorrhage be small. The separation may occur at the margin of the placenta, when the blood will pass upwards towards the fundus or downwards towards the cervix, the presenting part of the child preventing it from escaping in large quantities externally. Pain, from the stretching and distension of the uterus, usually becomes a very prominent symptom. It rarely breaks into the amniotic cavity, so that when the liquor amnii escapes you must not be deceived by finding it untinged with blood.

The diagnosis in the concealed form may be extremely embarrasing. There will be the evidences of extreme collapse and great exhaustion without any apparent cause. These symptoms are much more persistent than ordinary syncope, and the patient will be restless, anxious, and her pulse feeble, quick and compressible; if the quantity of blood poured into the uterine cavity be large, there will be coldness and pallor of the surface, with yawning and a sighing respiration. A slight amount of blood expelled externally, accompanied with profound evidences of shock, ought not to mislead you and make you think that the import of the case is not serious, because of the small external hæmorrhage. Should the patient be one possessing thin and lax abdominal walls, it may be possible to feel, by palpation, the accumulated coagula within the uterus, and uterine

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pains, of varying degrees of intensity, from a mere sense of fulness to an intolerable anguish, are excited by the distension. The distension is more readily detected during the early months of pregnancy, and Cazeaux has given a rapid increase of the size of the uterus as a sign of the accident. Chevalier, as quoted by Playfair, cites a case "in which post mortem Caesarian section was performed under the impression that pregnancy had advanced to term, but only a three months fœtus was found, imbedded in coagula, which distended the uterus to the size of a nine months gestation."

The agonizing pain and the profound collapse cause this accident to resemble somewhat that of rupture of the uterus. The fact that accidental hæmorrhage, in the larger proportion of cases, occurs before or during the first stage, whereas uterine rupture rarely, if ever, takes place until after the escape of liquor amnii and after labor has been in progress for some time, will give you sufficient data to differentiate the two conditions; again, in rupture the presenting part of the child will recede from the vaginal outlet as it escapes into the abdominal cavity.

Prognosis.—In the external variety the prognosis is almost always favorable, because the nature of the case is at once made manifest, and measures can be adopted to save the life of both the mother and the child. Of the 106 cases of concealed hæmorrhage reported by Goodell there was a maternal mortality of over 50 per cent., and an infant mortality of 95 per cent.

Treatment.—After what has been said in regard to the treatment of placenta previa it will be necessary for me only to hint at some of the general rules to be observed in the treatment of accidental hæmorrhage. * * * * In all cases where much blood is poured either into the uterine cavity or expelled externally, the uterus should be emptied as speedily as possible. This you will endeavor to accomplish by the subcutaneous injection of ergot, by dilating the os with a Barnes bag, by rupturing the membranes, by version, or by the use of the forceps. As in placenta previa, it is better to commence with the rupture of the membranes first, when, if the hæmorrhage has been slight, the case may be left to nature. Should it continue, however, the great hæmostatic is uterine contraction, which you will endeavor to excite by some of the methods

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given. A firm abdominal bandage will prevent the uterus from becoming distended to a degree sufficient to contain a dangerous quantity of blood. Version is contra-indicated by the same general conditions which contra-indicate the operation in placenta previa; when resorted to, the bi-polar method should be used, if possible. When the head presents and is low down in the pelvis, the forceps are indicated.

POST PARTUM HÆMORRHAGE.—Immediately after the birth of the child we may have hæmorrhages from the uterus, the vagina or the vulva, but the term *post partum hæmorrhage* is usually restricted to hæmorrhages arising from the placental site only.

Varieties.—We have the same varieties of post partum hæmorrhage that exist in the so-called accidental hæmorrhage, namely, the external and the concealed; but, owing to the fact that the concealed is much more easily detected than is accidental hæmorrhage, the results are not nearly as fatal, *providing*, the physician is on the alert and thoroughly understands his business. Let me forewarn you that you will not be held blameless in the eyes of the community if you stand nervelessly by and permit a woman to bleed to death without resorting to all of the resources at your command to check the flow which is so rapidly and surely carrying her to the grave; and it is in this variety of hæmorrhage, more than in any other, where the results are largely in the hands of the accoucheur. It makes its appearance at a moment when perhaps the patient is thrilled for the first time with the joys of maternity, and so unexpectedly as to suddenly transform a lying-in room of cheerfulness and joy into one of dejection and sadness. A fatal termination ought, in the great majority of cases, to be averted, for the treatment of post partum hæmorrhage is one of the most satisfactory of obstetrical practices and, in the language of another, "every competent accoucheur knows in his own heart that he has no right to shirk his personal responsibility in cases of fatal *post partum* hæmorrhage, or to meanly throw the blame upon Providence."

* * * * * * * * *

Treatment.—Fortunately, the accident is, to a great extent at least, preventable. I have already dwelt upon the manner

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of conducting the third stage of labor with a view of preventing post partum accidents. However, where there is no reason to suspect an after-coming hæmorrhage, you should always be prepared for any emergency, though I can not advise you to resort to the same precautionary measures laid down by some obstetrical writers. For instance, Lusk says that the practitioner should, in the beginning of the second stage of labor, have a small table set at the bed-side of the patient, and upon this place all of the paraphernalia liable to be called into requisition. This includes a good Davidson syringe, a bowel containing pieces of ice about the size of a hen's egg, brandy, sulphuric ether, neutral perchloride of iron, ergot, carbolic acid, morphia, and a hypodermic syringe filled with the fluid extract of ergot; besides all this he advises that a pitcher of hot and cold water should be within easy access.

I can not quite indorse this extreme degrée of caution. While the accoucheur should have all of these appliances and drugs in his obstetrical case within easy reach, I believe that there is danger in being too cautious. The hot and cold water should be always at hand, but to prepare in the patient's presence this large array of expedients, savors of a capital operation instead of a physiological phenomenon, and by exciting fear we induce the very calamity that we are preparing to avert. You should see to it before ever entering the lying-in chamber that everything is in readiness in your obstetrical bag, and then it will require but a few moments time for their utilization.

If you fail in preventing the flooding by the external pressure exerted over the uterus during delivery, then you will immediately lower the patient's head, throw ten drops of the aqueous solution of ergot under the skin, and instruct some of the bye-standers to open a window as soon as possible. Do not be deceived by the slight hæmorrhage which occurs after the expulsion of the placenta when the uterus is compressed by the hand, for the contraction induced forces out all clots with the loss of more or less blood; a slight hæmorrhage of this nature is readily controlled without resorting to the more energetic measures. After the administration of the ergot, the hand should be unceremoniously introduced into the uterus, detaching the placenta with the tips of the fingers if it is still adhered.

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The stimulation of the hand internally, combined with external pressure, rarely fails to cause the uterus to contract, and at the same time it can be thoroughly emptied of all strips of membranes and clots which afford such a fertile source for septicaemia.

By this time the ergot will have, in all probability, acted upon the uterus sufficiently to cause contraction and retraction of the organ. Now carefully withdraw the hand into the vagina and press the cervix upwards and forwards towards the external hand grasping the fundus, thus bringing the uterine walls into contact with one another, at the same time closing the cervix.

Failing to stop the flow by these several methods, you will be justified in passing pieces of ice into the uterine cavity, but I prefer an opposite course to this, first using the hot-water injection, reserving the ice, should the water fail in its purpose. You have seen the effects of hot water in controlling hæmorrhage during the various gynæcological operations performed during the term. It sprimary effect upon the vascular system is dilatation of the arteries and veins, but unlike cold, its secondary and permanent effect is that of contraction; hence its great power over pelvic congestion and hæmorrhages of all kinds. Besides exerting this same power in post partum hæmorrhages, it also acts in a dynamic way, if I may be allowed to use this term, in closing the uterine sinuses by causing the uterus to contract. A bed pan should be placed under the patient, and water of about 112° F. carefully injected into the uterus. Again failing to control the flooding, then you may resort to the ice, when the uterus will be much more apt to respond to the stimulus of cold than before the warm water was used, thus using the most dangerous agent only when absolutely necessary.

I will simply mention the use of iron, vinegar, and the faradic current as hæmostatics. Of the iron I can only say that it seems to me an exceedingly dangerous expedient, owing to its coagulating power, the thrombi thus formed becoming disintegrated and furnishing a most fertile source for septic absorption. I have never had occasion to use it in post partum hæmorrhage proper, and, as you are aware, prefer the iodine for controlling

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hæmorrhage in or about the uterus. Both Trask and Lusk substitute the iodine for the iron, although Barnes much prefers the latter, using the perchloride in the strength of one to three of water, and injecting it carefully into the uterus or swabbing the cavity with wads of absorbent cotton saturated in it. I once had a case of abortion at the second month, the result of an interstitial fibroid, where I could control the hæmorrhage in no other way, the patient making a good recovery.

The vinegar is to be used where a better remedy can not be secured, by dipping a clean napkin or handkerchief into it, squeezing out as much of the acid as is possible, and carrying this into the uterus, making a second or a third application, if necessary. The faradic current is to be used by introducing the olive-shaped bulb electrode into the uterus, the other pole being placed over the fundus. This is a most efficient agent in controlling post partum hæmorrhage, but unfortunately the battery is too cumbersome an instrument to be practicable, it being rarely on hand when needed. While endeavoring to get the hæmorrhage under control by these several methods, ice may be applied to the abdomen, or the abdomen may be briskly slapped with a wetted towel with a view of sooner accomplishing the desired results.

After contraction is finally secured, then you must maintain retractility for a sufficient length of time to prevent a second attack. There is no way of so safely and thoroughly securing this as with the hand pressing upon the fundus through the abdominal walls, but, before leaving the patient, equable pressure must be maintained by a proper compress. This is best accomplished by an ordinary rubber bag partially filled with water, or a sand bag placed over the fundus and held tightly in place by a bandage. * * * * You will observe that I have said little or nothing pertaining to the homœopathic treatment of puerperal hæmorrhages. I have done this understandingly, and believe that in so doing I have given you the *very best* homœopathy attainable. I do not mean to say that the measures recommended are in accordance with the law of *similars*, but as a firm believer in that law I do most unqualifiedly say that I believe its interests and those of humanity will be best subserved by utilizing mechanical or chemical meas-

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ures in cases removed from the province of its applicability. I know that this practice is considered reprehensible by many of our school, and I can only say to you that you must investigate for yourself and then make your own deductions. *I* can not conscientiously recommend the treatment of post partum hæmorrhage by the indicated *homœopathic* remedy any more than I can recommend the treatment, by the same method, of a severed axillary artery. The cases are analogous, and in both *the* indicated remedy is the mechanical closure of the gaping vessels. The various constitutional disturbances incident to the puerperal period, like constitutional disturbances from any other cause, will yield much more rapidly and much more satisfactorily when treated with remedies selected in accordance with the law of similars than when given in accordance with any other law; miracles, however, in an age of stern reality, ought not to be expected from a homœopathic remedy, even when given *very*, VERY high.

THE NAUSEA OF PREGNANCY, ITS CAUSE AND TREATMENT.*

At the semi-annual meeting of the New York State Homœopathic Medical Society, recently held at Grove Springs, Dr. Brown, of Binghamton, presented a paper entitled, "The influences which cause the mother to desire an abortion."

The doctor, however, has omitted the mention of one "cause," which, in the writer's judgment, has influenced many mothers to desire an abortion, and many doctors to accept that *dernier resort* when the life of the mother was apparently at stake. I refer to *The Nausea of Pregnancy.* The woman who has patiently suffered a living death during nine long weary months of gestation—and such instances can be freely cited—naturally shrinks from a repetition of the ordeal, and appeals toher physician for relief. The physician, if a "regular," makes her stomach the receptacle for strange, weird compounds, time-honored remedies, or the latest craze of some enterprising pharmaceutist.

* Read before the Western New York Homœopathic Medical Society.

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If of the homœopathic variety, with a tendency in the Hahnemannian direction, he peppers her with minute globules and sugar of milk placeboes, vainly hoping that the latter months of pregnancy will bring a mitigation, if not a suspension, of the distressing condition.

Of course, I have reference to an extreme case; but extreme cases unfortunately are quite frequent, and demand more of our attention than those self-limited conditions which make reputation for both the heroic dose and the infinitesimal globule.

Not a physician present but can relate case after case where the well-selected remedy given under the homœopathic law had an apparently beneficial effect, and yet many a physician present, if he will come down to hard facts, will tell you of instances where his efforts were without avail, and where time also brought the relief that had defied the resources of his art.

When one endeavors to gain information regarding the ætiology of this condition, he discovers such a diversity of opinion, such a range of conjecture, and, if I may be pardoned the expression, so much agnosticism, that he can despairingly say, "The cause is hidden, but the effect is notorious;" in proof of which let me briefly cite the expression of some authorities:

Ramsbotham—Considers symptoms dependent on pressure, and directs attention to the alimentary canal.

Bedford—Believes the new condition of uterus induces irritation of the stomach through reflex action of spinal cord, and considers it a physiological and not a pathological phenomenon.

Ludlam—Says very difficult to explain cause. Worst cases are associated with chronic intractable disease of liver; also may depend on uterine deviation.

Marsden—Thinks perhaps it is sometimes dependent upon neurosis or extreme irritability of the sympathetic system of nerves.

Cazeaux—When it occurs near term we may justly attribute it to pressure, * * * * but in the early stages it is more difficult to explain, unless we content ourselves by referring it to the numerous sympathies existing between the uterus and the stomach.

Playfair's theory is that one class of cases can be attributed

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to a local cause in connection with the gravid uterus, and are either mechanical results of pressure or of some displacement or morbid state of the uterus; while the origin of others may be said to be complex, being partly due to sympathetic irritation, partly to pressure, and partly to obscure nutritive changes produced by the pregnant state.

The amount of positive information one secures regarding the cause of the disturbance is only equalled by the proposed methods of relief, and if one is confusing, the other is worse confounded.

A year ago, while attending the clinics of Dr. W. Gill Wylie, the erudite and eminently successful gynæcologist of Bellevue Hospital, I became conversant with his views on this subject, and enjoyed abundant opportunity for witnessing the effect of his treatment The doctor has arrived at the conclusion—after a close study and observation of many cases—that the nausea and vomiting of pregnancy is due, in the *majority of instances*, to an abnormal condition of the cervix uteri; that this condition may arise from an imperfect development of the cervix, from acute disease, or from the effect of previous disease. That any pathological state which interferes with the softening and other changes which the cervix undergoes during pregnancy, may cause nausea and vomiting.

You are aware that during pregnancy the cervix undergoes a softening process, which obtains to the fullest degree after the fourth month, and progresses to such an extent, that a week or so before labor the cervix may be so shortened and flattened that it cannot be defined at all.

If, then, you examine per vaginam a pregnant woman, suffering from nausea and vomiting, and find the cervix as hard as the tip of your nose, when it should feel as hard as your lips, you are probably on the track of the exciting cause.

Seeking still further, you may find granular erosion, hard cicatrices from laceration, diseased everted tissues, or hyperæsthesia of the mucous lining interfering with the softening process, so that expansion cannot normally take place, and reflex vomiting is the result.

In accordance with these views the doctor gives local treat-

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ment for any lesion he may discern, and if no acute disease is present he imitates nature by artificially dilating the cervix.

The simple fact that any treatment is orthodox, does not commend itself to this original and practical physician; he takes no man's assertion for granted, nor does he follow any time-honored procedure until he himself has proved it to be true. Consequently he has found by actual experience that more abortions can be obviated than caused by dilatation; that applications can safely be made to the cervix, and for at least three-fifths of an inch to the cervical canal, and that tepid vaginal injections can be safely used during pregnancy.

Moreover, by the judicious local treatment of abnormal conditions, laceration of the cervix may be frequently prevented and the parturient woman placed in the best possible condition for delivery.

The method of operating is as follows:

Taking the precaution that the menses would not be due, or any of the premonitory symptoms exist, the vulva and vagina are carefully washed with a bichloride solution 1 to 3000. And I would say in passing that all the doctor's operations, large and small, are made under the protection of the antiseptic guardian angel, and to this precaution he attributes a measure of his phenomenal success. The blades of the dilator are then dipped in pure carbolic acid, and the free acid shaken off, when the points are introduced into the cervix for about half an inch, and slowly separated from one-third to one-half an inch. The cervix is then covered with iodoform with the powder-blower, and a pledget of borated absorbent cotton, with a string attached to it, soaked in pure glycerine, is placed against the cervix. This produces, as you are aware, a free watery discharge, relieving the congestion, if any be present.

As a rule, this treatment will relieve nausea, but if after four or five days the trouble still exists, the dilatation may be repeated, and if the cervix is very long the dilator may pass to three-fourths of an inch. Very rarely indeed will any more interference be required.

You will observe that the treatment is purely local and mechanical; no medicine is given by the mouth, but the results are prompt, positive and lasting. True, it will not be as renumer-

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ative as if you made a prescription or visit every second or third day for a period of several months, but I fancy your patients will be fully as grateful, and your own patience not so severely taxed.

I will detain you with but a single case in illustration. It is also a typical one, both as regards the serious character of the disturbance and the result attained.

Mrs. R., æt. 35, primipara, gives a history of continuous nausea during past four months. Retains with difficulty the simplest nourishment; profuse salivation and marked emaciation. Has received the careful treatment of a trustworthy homœopathic physician, but without benefit. Remedies, apparently *en rapport* with the condition, had given no result. Symptoms show no signs of yielding, but rather increase in intensity.

I requested and obtained an examination, and found the cervix tumefied and with a glandular erosion partially surrounding the os uteri. Protruding from the os was a small fungoid growth—which bled freely when touched—together with a profuse albuminous discharge.

The persistent nausea was then accounted for. The growth was removed by torsion, and pure carbolic acid applied to the erosion and to the cervical canal. A tampon saturated with glycerine was left *in situ*, with directions to remove it after twenty-four hours, when a tepid vaginal douche was ordered. The treatment was repeated at intervals of five days, until the cervix presented a more healthy appearance. The symptoms were somewhat ameliorated immediately after the first treatment, and every successive treatment gave some relief, but still the nausea and occasional vomiting were present. I then proceeded to dilate, which was accomplished with Wylie's uterine dilator, though now the doctor has modified his instrument for use in these cases, the blades being bent at nearly right angles, so that not more than three-fifths of an inch can enter the canal. Very little pain, but some hæmorrhage, accompanied the dilatation. I used the iodoform blower and introduced the glycerine pledget, with instructions to remove it on the accession of pain. The relief was marked, and immediately al the symptoms showed improvement; the stomach was less irritable, the appetite

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improved, the salivation lessened. After ten days, the tendency to nausea remaining, the dilatation was repeated and my patient was practically cured. No other treatment was given except the vaginal douche of tepid water, which was continued every second day up to the time of labor.

The labor itself was remarkably easy, and the improved condition of the mother resulted in the production of a bouncing, healthy child.

Now, when a similar result can be obtained in four out of every five cases of obstinate nausea and vomiting, when the treatment itself improves the physical condition of the mother, and thus tends to develop vigor and vitality in the offspring, when the procedure is so simple, safe and effective, why should we resort to drugs in either large or small doses, to achieve results that can be secured by a better, speedier and at least eqully scientific method.

SOME INDICATIONS FOR THE USE OF CONVALLARIA MAIALIS IN GYNÆCOLOGICAL PRACTICE.*

Although we recognize in the gay and gaudy tiger lily the ladies' friend, it is not generally known that the modest lily of the valley, so generally admired by the fair sex, may carry with it also a "benison of healing" to many suffering from the diseases peculiar to women; yet from the provings of the fluid extract of the flowers, published in the May number of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY for 1883, we can have no doubt of its utility in cases characterized by the symptoms there recorded.

In the hands of old-school practitioners it has been only used as a "cardiac tonic.' I have used it in cases of pelvic congestion due to or associated with uterine displacements, and attended by *sore, aching pains in the lower part of the abdomen*, with or without oppression in the chest and palpitation of the heart. The soreness is continuous and worse from motion; even breathing aggravates, and so does coughing or laughing. After miscarriages, and sometimes after surgical operations upon the

* Read before the Pennsylvania State Homœopathic Medical Society.

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pelvic viscera, patients have complained of soreness and aching in the hypogastric region and been relieved by this remedy in the third decimal dilution.

Mrs. C. had a hernial protrusion in the right inguinal region, in which she had experienced sore, aching pains for many years. Convallaria relieved her of the pain permanently, although the hernial protrusion was not entirely reducible, on account of the firm adhesions of the sac-walls. A case of marked anteflexion of the uterus, with sterility and extreme pelvic sensibility, with soreness, in a very nervous patient, subject to palpitation of the heart and oppression of the chest, with a feeling of fulness in abdomen, as if she were filling up, with dyspnœa, was relieved by this remedy very promptly upon two occasions, after other remedies had failed to be of service. Upon one other occasion, however, the *convallaria* was administered without any marked improvement. Deep-seated pelvic abscesses ha formed in this case, and it has been a very difficult one to cure on account of an inherited tendency to tuberculosis.

Pain and soreness, associated with areolate hyperplasia, have been benefited by this drug in many instances.

Some of the symptoms produced by the *convallaria* suggest its applicability to cases requiring treatment for after-pains following parturition, but I have had no experience with it on this line. We find recorded the following: Bearing-down pains at intervals like labor-pains, extending along inner side of right thigh; pain commencing in anterior part of the abdomen on right side, as in second stage of labor, but extending up higher; sleepy between the pains—feels "all tired out;" pulling, as from a cord, running from the sacro-iliac region to the inguinal region, worse on the right side.

In gynæcological practice we can make use of it for the following symptoms besides those already mentioned: Feeling as if the uterus had descended and pressed upon the rectum, causing a very hard aching pain in the rectum and anus, which is continuous; flatus becomes incarcerated in the rectum; dull aching or sore feeling in the lumbar region; faint feeling from slight cause; sleepy and all tired out; mental depression, great prostration, and dull feeling in the head; mind wanders from the subject in reading. For these symptoms I should prescribe

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it with confidence when there was present the sore, aching feeling in the lower part of the abdomen.

The pains in the pelvic region are aggravated from motion, sitting up straight or leaning back; ameliorated by bending forward when sitting. Pains are also relieved when lying on the back, but then there is a sensation as if a fœtus of eight months were kicking in the abdomen. There is intense itching at the vaginal orifice, with hyperæmia, but no eruption; this may be relieved by cold water. As *convallaria* produces glycosuria in the provers, the pruritus may have been caused by the sugar in the urine, a source of itching which should never be overlooked.

For vomiting in pregnancy *convallaria* may be required; it produced nausea when raising the head from the pillow in the morning, relieved by vomiting a clear substance tasting like phlegm.

On account of the similarity of action, we may compare this drug with the following, *viz.*:

Lilium tigrinum,—which acts upon the female *generative* organs and upon the heart, depressing the action of the latter organ and producing pelvic and uterine congestion.

Both have depression in spirits, distension of the abdomen, and pressure upon the rectum, symptoms which are often found with chronic uterine derangements and associated with cardiac irritability and palpitation. With *lilium*, however, the bladder is often implicated, inducing frequent urination with pain. The left ovarian region is affected the most, whilst *convallaria* seems to affect the right side. In both the pains may radiate into the thighs. The cardiac pains of *lilium* are mostly confined to the left side of the thorax, whilst the pain seems to *begin in the right thoracic cavity* and *go into the left* from *convallaria*. Both have pruritus, and *lilium* has some of the soreness of the hypogastrium, but this is not marked *after* the menstrual period in the latter remedy. *Nux*, *lilium* and the *convallaria* all produce marked rectal distress, with urging to stool, and all may often be called for in prolapsus and other uterine displacements. *Nux* has the soreness and distress in the abdomen higher up than we find it in *convallaria*. The tenderness and soreness which

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are so marked in *nux*, are about the umbilical region and in the epigastrium.

Pulsatilla has the sensation of rawness, heat, and soreness in the region of the bladder, with either retention of urine or spasmodic pain in the neck of the bladder after micturition.

Both *convallaria* and *arnica* must be good post-parturient remedies. *Arnica* has the tenderness and soreness of the uterine region, but may find a successful rival in *convallaria* for the cure of this symptom as well as the attendant after-pains, as has already been suggested. As *arnica* produces but little pain in the uterine region, in gynæcological practice I have not found *arnica* to relieve the bruised, sore feeling which prevents erect walking as quickly as the *convallaria*.

We may also compare with this drug several other remedies, among which we may mention *actea rac.*, *sepia*, *sulph.*, etc.

B. F. BETTS, M. D., Philadelphia, Pa.

MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.*

In the bibliography of Hahnemann it was stated that from the year 1812 he lectured twice a week on his "Organon," and from the number of his attentive hearers he organized a prover's union which constituted the first organized body of homœopathic physicians. In the preface to the second part of the materia medica pura (1816) he refers to this in the following language: So far as the following record of drug-symptoms is concerned, it contains also numerous observations from my disciples, chiefly made upon themselves. Their names are given, with the additional words "in an essay."

It is above all things necessary to remember these men, since, later, the value and the reliability of the work of several was called into question, and we make use of the faithful record left us by Franz Hartmann, the well-known and respected physician and at one time editor of the *Allg. Hom. Zeitung*, as furnished in the 39th Vol., year 1850, of this periodical.

Translated by H. R. A. from Kleinert's History of Homœopathy.

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I matriculated, he says, in my eighteenth year (anno 1814) at the university (of Leipzig, Tr.), and through Hornburg, the oldest friend of my boyhood, I was within the first three months introduced into the more immediate circle of Hahnemann's friends.

The person who ever saw Hahnemann, made his personal acquaintance, and ever heard him pour forth torrents of eloquence when speaking of his very important discoveries in the field of practical medicine, cannot be at all surprised that a novice in medicine should worship him as if he were a saint, and should in the secrecy of his own heart solemnly vow complete devotion to his teaching. I am confident that everyone who at that time knew Hahnemann personally will agree with me, and will not censure this seemingly extravagant praise of the venerable man, by nature gifted with so many extraordinary powers of mind, when I insist upon placing him side by side with the greatest minds of our age, at least in medicine; yes, even if I designate him the greatest of them all, since no other physician of his day commenced so gigantic a task, conducting it, even by this time, to a degree of perfection so it may boldly enter competition with the older system of practice, indeed, surpassing it in many respects. The latter applies to the present, but even at the time when I made Hahnemann's personal acquaintance, his reputation had already become extensive, and he made cures bordering upon the incredible and constantly adding to the solidity of his renown. He especially excelled in the cure of those chronic affections resulting from the excessive use of drugs, which were then of frequent occurrence, cures which he performed with the more ease since it had become a law with him in the study of the physiological effects of drugs to make himself thoroughly acquainted with the antidotes of every substance. He made happy cures of such cases, since he clearly realized that his, even then, small doses of medicine—small when compared with the commonly used compounds of medicines—were hardly sufficient to accomplish anything if he did not for a time leave to its own pleasure a diseased organism completely broken-up by the toxic action of drugs, to then catch the more distinctly the picture of the disease proper, and to select with the more accuracy the proper remedy. Since

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many patients would have lost their confidence in him and his art had he been content to *observe* only, at the expense of *doing*, he was in the nature of things forced to a line of conduct, unknown to the patient, which, so beneficial in its consequences, became of infinite value to the sick and to the physician. He was in the habit of at first looking most carefully after every detail of diet and of giving to the patient, *ut aliquid accepisse putet*—nothing but milk-sugar or pulverized shell of the oyster. During this stage of seeming inaction the condition of the patient often changed for the better, so that he no longer called into question the efficacy of small doses of medicine, and thus fully yielded himself to the will of the prescriber; and certainly, in Hahnemann's case, no one ever had occasion to regret this. That cures of that type are now becoming more and more rare is explained from the now much more simple methods of treatment adopted by allœopathic physicians, and from the much smaller doses of medicine, as compared with those formerly employed—a method of procedure forced upon them, almost unconsciously, through the force of necessity, the result of the continuous spread and effect of homœopathic teaching.

But in other respects the method of cure discovered and proposed by Hahnemann must have been much more practical than older methods, else men like Hornburg, who had been students of medicine for only a year, would not have been able to accomplish many really brilliant cures. Although I greatly esteemed and loved Hornburg, I could not help but realize, even with my then very limited knowledge of medicine, that this could not possibly be accomplished after the old fashion. Hornburg was a very clear-headed fellow, of humble origin, who had been educated at the Lyceum in Chemnitz, where he had managed to not only pay his fees, but to assist his very poor parents, by singing in the choir and by tutoring. He lacked in finish, for he never had been able to associate intimately with persons of thorough culture and refinement; during the time of my acquaintance with him he never could readily lift himself above the common-place, at least not for any length of time, without feeling the pressure of his situation, and thus he found it difficult to move at ease in a refined circle. His remarkable conversational powers, however, enabled him to cover this defect, since he

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knew better than anyone else to imitate and to enact ridiculous situations, scenes and memorable incidents and stories with such a humor and power of mimicry, that no one ever thought of weighing even his uncouth expressions, figures of speech, or gestures. If later this weakness became obvious, his happy cures stood him in good stead—a very talisman—and pleaded for him powerfully. He thus gained a self-reliance and a certain tact in his appearance which at times became an almost recklessness; it was nothing unusual during his almost daily walks to one of the suburbs of Leipzig, where he commonly met prominent citizens, also daily guests, to make in the heat of conversation very imprudent speeches concerning the professors and officers of the medical faculty; if these remarks were received without dissent, they were evidently repeated, as might readily be inferred from the severity of his examinations. This course on part of his examiners should have brought him to his senses, and should have led him to be more cautious in his speech; but his intense zeal for homœopathy; his firm faith in its superiority over the older methods of cure; the stimulating effect of Hahnemann's lectures; the real pleasure manifested by Hahnemann when he repeated to him the sharp witticisms passed, only tended to confirm him in his chosen path; and thus his speeches grew in boldness and become still more cutting, led to his failure in his second examination, the proper examination for the doctor's degree, and developed such a bitterness of wrathful indignation that to the very day of his death he could not rid himself of it.

It was a pity about Hornburg, for in him a great and talented mind was lost. He did not use a very large number of remedies, but the few he employed he knew so thoroughly, and by constant use had so fully learned to understand their sphere of action, that with the few he accomplished much more than most others could with a large number of remedies less perfectly understood. Of the so-called anti-psorics he only used Sulphur, Calcarea, Silicea, Nitric acid, and a few others. But he was eminently practical, and nature had been lavish to him in the bestowal of her gifts; often a few questions enabled him to recognize with certainty the disease, and to select, with unerring precision, the correct remedy. To him the daily duty of a physician seemed

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a recreation, a matter of play; but in the sick-room one could see at a glance the seriousness with which he devoted himself to his art, and one could not help loving and respecting him. With a keenness of sight peculiar to himself he often selected the seemingly least important symptom as the one especially characteristic and most valuable in the selection of the remedy, and he seldom erred; with the same intuitive accuracy he would make the most daring prognosis, and point out medicinal aggravations from beginning to end. I have often witnessed this, and have had many a warm discussion with him to combat this spirit of daring in him, but I never succeeded, for he would always meet me with a long list of satisfactory cures, looking upon unfavorable cases as the exceptions to the rule. He demanded of others the same ability, and if they were not able to command the same measure of perfection he deemed them lazy, for it never occurred to him that he might be gifted above them. As a man, to know Hornburg was to love and to revere him; he was a faithful friend, good-natured, sympathetic, frank, obliging, ever ready to counsel and to aid; and only his manifold bitter experiences, the complete ignoring of his true worth, the slanders which followed him, the ever-recurring intrigues which beset him, the whisperings of hate which he was forced to hear, furnished the first impulse to that growing distrust of all men, even of his best friends, which cast such a shadow upon the last few years of his life.

This was the man who by his example and by his introducing me to Hahnemann exerted so great an influence upon my whole life. Perhaps, even without him my inclinations might have drawn me into the medical profession; but it is very doubtful if I would have embraced homœopathy, for in those days to profess faith in it exposed the student to all manner of ridicule. It would have been as easy for me to become an intellectually one-sided person if I had obeyed Hahnemann's proposition to study only his doctrine, which was founded upon solid facts, while the older system offered nothing reliable—an advice which he gave all his disciples, and which in some directions worked much mischief, and brought more than one of his followers into serious trouble. I saw the surprise in Hahnemann's face when I asked him if it could be arranged that I would only be examined

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in matters pertaining to homœopathy? His many attempts to avoid a direct reply to my question fully convinced me of the impracticable nature of his counsel, and the matter was never again mentioned during my student-life; it even seemed, whenever the subject happened to be brought up in the presence of fellow students,as if he deliberately ignored it,because he realized the shortsightedness of such a proposition. He conversed with me upon the branches on which I heard lectures, and especially when talking of materia medica and therapeutics he soon reached a state of ecstacy in which he puffed his pipe as if he would burst the bowl. I was always glad to purposely furnish new fuel for excitement, for on one hand I keenly enjoyed his zeal, on the other I gained in knowledge of homœopathy; and many a fine practical hint I owe to those explosions. And it was really a treat to see this short, thick-set man, erect and brusque both in walk and in attitude, the top of his head perfectly bald, his forehead and brow magnificently developed—it was a treat to see him thoroughly roused, the blood mounting to his head, the blood vessels distended, the face aglow, the eyes fairly burning with an inward light, and his earnestness so great that he was obliged every little while to take off his smoking cap to cool his head. Usually nothing but scientific subjects, and particularly his own doctrine, could transport him into this state of excitement,during which he looked like an apostle. And was he not an apostle in truth? He felt that he was, and the greatness of his task loomed up before him, too eloquent in its pleadings not to have him keenly realize what thousands before him had failed to accomplish, and what thousands upon thousands after him could not do! At such moments he forgot all the world about him, and his mind was open only to the one grand idea which he had called into life. It was a moment of exaltation and of inspiration for his disciples to thus see the master in their midst; at such times each one burned with enthusiasm, and registered a vow, in spite of persecution, even then not unknown to our experience, to remain faithful, and to do all in his power to further the great work; to do this, Hahnemann offered every opportunity by demanding of each one, known to him as free from disease, the proving of some drug. Without a knowledge of medicine, knowing still less of the

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manner in which drugs were to be proved upon the healthy,—he was obliged to first teach us and to thoroughly instruct us concerning the details; and he did this in a few words, but with the utmost clearness as follows:

The human organism, in the years when it has almost reached the height of its development, is least inclined to have its health disturbed by passing influences and by the withdrawal of accustomed indulgences, since the vital force, then in its full integrity, overcomes the disturbances produced before they can become a source of trouble; hence, he maintained, long preparation for the business of drug-proving is not needed in the case of young persons; the only thing needed is the stern determination to avoid whatever might interrupt or disturb this task. He prohibited, during a proving, coffee, tea, wine, brandy, and other stimulating drinks, as well as sharp spices, like pepper, ginger, even highly seasoned food, and acids. At that time beer was not drunk as freely as now, and consequently he did not interdict the use of the light Leipzig beer. He cautioned us against continuous, exhausting study and the reading of novels, as well as against games which not only absorb the imagination but also make a demand upon the mind, such as games at cards, chess, billiards, etc., these tending to lessen the powers of observation and to make them less reliable. On the other hand, he by no means advised idleness, but rather light employment, light conversation, walking in the open air, moderation in eating, drinking and sleeping, the latter, is possible, on a mattress and under a light cover.*

The remedies which were to be proved, he furnished himself; plants, in the essence or tincture, others in the first or second trituration. He never kept from us the nature of the remedy to be proved, and his desire that in the future we should prepare our own remedies,—an injunction which we, as his disciples, conscientiously obeyed—was sufficient proof to us that in this respect, possibly for a reason of his own, he never deceived us. Since he had, in most cases, previously proved these remedies upon himself and upon the members of his family, he well

* Then, as now, the Germans slept *on* and *under* feather-beds. H. R. A.

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knew their effects to adapt to the individual peculiarities of each of us the proper dose with which to commence without producing harmful results. This dose was dissolved with the largest possible amount of water, to give more surface of contact than could be had with the undiluted drug, and then taken in the morning, on the empty stomach, at least one hour before eating. If no symptoms appeared within three or four hours, we had to take a few more drops, perhaps double the dose, and the time was reckoned from this dose, as was also done if a third dose had to be taken. If no perceptible disturbances were brought on by the third dose, Hahnemann took it for granted that the organism was not susceptible to this particular remedy, and did not allow the prover to make further experiments with the same drug, but after a few days gave him some other drug to take. To preserve actually all symptoms experienced, he advised that we should have always with us tablet and pencil, affording the advantage of being conscious at the time of the sensation (pain), thus being well able to describe it, a thing often quite impossible if the symptom is not noted until some time has elapsed. Each symptom had to be written down in connected narrative, even if associated with the most heterogenous sensations. He further directed to note, in brackets, after each symptom the time of its occurrence, counting from the time when the last dose had been taken. Only after one or two days had elapsed since the last drug-symptom had been felt, did Hahnemann take it for granted that the effects of the remedy were exhausted, and he allowed the system some time to recover its balance before permitting the proving of a new remedy.—He never accepted as a matter of faith, what we furnished him, but always read it through with us, to make sure that we had used the correct expressions and descriptions, and had said neither too much nor too little. At first there were brought out inaccuracies enough, which grew more rare after every subsequent proving, at least in the case of those who fully realized the importance of the affair and who therefore made a serious business of it; I have always taken pleasure in my own faithfulness, and even at this day place firm reliance upon the symptoms furnished by myself.

These provings, by the way, are a curious thing; they are not

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as easy as they look, for proving demands a peculiar closeness of attention to clearly catch the milder effects, which often are the most important, the peculiar, the most characteristic, of much greater importance than the more tumultuous. The former usually developed after smaller, less crude doses, while the latter originated from the heavier. Thus at least it seemed to me, and I speak only in accordance with my own observation. Another experience was this: I could rarely expect results from a second or third stronger dose if the first yielded no symptoms; if, on the other hand, symptoms, even though slight, appeared after the first dose, I could with certainty expect that would hourly become more marked and more characteristic. Several times I fancied that I could increase their clearness by taking a second and stronger dose, but I deceived myself in almost every case, and often I experienced to my greatest disappoint ment that from that time on no further symptoms appeared.

[TO BE CONTINUED.]

THE ÆTIOLOGY OF RABIES, AND THE METHOD OF M. PASTEUR FOR ITS PREVENTION.

"The study of rabies by those accustomed to the methods used in physiological investigations is not without precedent. In 1823, Magendie published, in his 'Journal de physiologie,' an account of a case of rabies treated by him at the Hotel-Dieu, in Paris, by the intra-venous injection of water. This precedure was unsuccessful, and its employment was not entirely logical, inasmuch as the treatment was directed to a symptom and not to any essential pathological condition. A more general symptom, that of intense excitability of certain nerve-centers and of the motor system of nerves, has been the objective point in cases treated by the subcutaneous administration of woorara; and one case, at least, of presumable cure under this treatment was reported by Offenberg, in 1877. In 1850 a case of spontaneous recovery in the dog was observed at the Veterinary School of Lyons; and a number of similar cases were reported by Decroix in 1864, with one case of spontaneous recovery in the human subject, observed by Piorry.

"I need not refer to the ætiology of rabies in man, or to cer-

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tain difficulties in diagnosis which lead to possible doubts with regard to the actual existence of the disease in cases of reported recoveries or cures. Rabies is produced in man by inoculation with the saliva of rabid animals, notably of dogs and cats. The saliva of the rabid wolf has been shown to be peculiarly violent. It has not been demonstrated, however, that the saliva of man or of herbivorous animals affected with rabies will produce the disease of inoculation.

"The recent observations of M. Pasteur, which will be the principal topic for discussion, seem to show that the poison of rabies becomes fixed in the nerve-centers, and that portions of the spinal cord from rabid animals of all kinds, when prepared in a certain way and injected under the skin, are peculiarly virulent. I shall not discuss the mode of preparation of the cord employed by M. Pasteur, as this has been fully described by Dr. Biggs, nor shall I consider the question of the virulence of the blood of rabid animals. The fact of the virulence of the cord is, however, one of great importance, inasmuch as M. Pasteur, in his latest experiments, used the cord exclusively in inoculations. The question of the existence of a characteristic microorganism is as yet so obscure that it hardly demands critical consideration.

"In my part of the discussion I shall leave out of the question the treatment of rabies after it has been actually developed. This formed no part of the problem which M. Pasteur has attemped to solve. All of his experiments have been directed to the end of fixing upon prophylatic measures to be employed in the cases of persons who had been bitten by rabid animals.

"The main question to be considered is the following: Can a human being, who has been bitten by a rabid animal, be protected against rabies? M. Pasteur professes to have discovered a method by which this can be done. As his alleged discovery is based upon an immense number of experiments made upon the lower animals, by physiological methods, I propose to discuss the question, subjecting his observations to the critical tests to which any important physiological question would of necessity be subjected.

"From the maze of disconnected and often contradictory

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statements that have recently been published, I gather the following facts: The transmission of the virus of rabies from one animal to another has been by means of portions of the spinal cord of rabbits mixed with sterilized broth, and injected under the skin. The disease is assumed to have been produced in rabbits by introducing under the dura mater a portion of the spinal cord of a rabid dog; and it is stated that this always produces rabies after a period of incubation of about fifteen days.

"It is proper at the outset, to inquire how one can be certain that rabbits treated in this way become rabid. The accuracy of this fundamental fact is very questionable. I can find only the statement that the rabbit become rabid. There are no published details of the phenomena observed, and there are no recognized symptoms characteristic of rabies in rabbits. The chief argument in favor of the notion that the rabbits thus treated were rabid, is the statement that portions of the spinal cord of these rabbits produced rabies in dogs when injected under the skin. As far as I can learn, however, it is by no means certain that any one dog has been rendered unquestionably rabid by inoculation with a preparation of the spinal marrow of a rabbit.

"Without dwelling upon the methods employed, I may state that Pasteur professes to be able to prepare from the spinal cords of rabbits viruses of different degrees of virulence, the more virulent inducing rabies more promptly than those of less toxic activity. By repeatedly injecting under the skin of dogs, day by day, a virus of progressively increasing strength, a dog may be rendered proof against the most virulent virus, even when this is introduced under the dura mater.

"Satisfactory evidence in favor of this statement is wanting. A dog, for some unknown or unexplained reasons, becomes rabid. This dog bites other dogs, and some of the dogs thus inoculated become rabid. Dogs have been rendered rabid in experiments by inoculation with the saliva of rabid dogs. It is by no means certain, however, that a fair proportion of the dogs rendered proof against rabies by inoculation with preparations of the spinal marrow of rabbits assumed to be rabid, would be proof against inoculation with the saliva of a dog unquestionably rabid. Before we can unreservedly accept the proposition

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that dogs treated by M. Pasteur's method are rendered proof against rabies, it must be positively and unquestionably proved that these dogs, bitten by rabid animals or inoculated with their saliva; do not become rabid. At present, such positive proof is wanting.

"Rabies in the human subject is an exceedingly rare disease. It would not be contemplated to attempt to inoculate communities or large numbers of healthy persons with the virus of rabies in order to protect them against the possible occurrence of the disease, as men are protected against small-pox by vaccination. M. Pasteur proposes to inoculate only those who have been bitten by rabid animals. In some of the publications made presumably under the authority of M. Pasteur. it is stated in general terms that dogs bitten by rabid animals have been protected from rabies by subsequent repeated inoculations with the spinal cord of rabbits; but no specific single instance has been presented in support of this statement.

"Following his experiments on the lower animals, M. Pasteur ventured to practice inoculation upon a boy who had been severely bitten by a dog supposed to be rabid. This was the well-known Joseph Meister. He was inoculated with the virus from rabbits, and rabies did not develop. The inoculations were thirteen in number, and made within a period of ten days. It is stated that the most virulent virus inoculated in this case produced rabies in rabbits in seven days, and in dogs in eight or ten days. It is unneccessary to repeat the details in this case; but it is by no means certain that the dog that inflicted the wounds was actually rabid.

"The cases of the four children from Newark who were treated by M. Pasteur need not be discussed. Several dogs bitten by the dog that attacked these children were kept under observation for nearly three months, and none of them became rabid. Two children bitten by the same dog remained in Newark. under no treatment, and these children have thus far suffered no inconvenience. It is reasonably certain that the dog that wounded all these children was not rabid.

"A case is alluded to, but not fully described, in which rabies was developed soon after treatment by inoculation by M. Pasteur. In this case, either the treatment was ineffectual or

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the disease was produced be the inoculations. It would, of course, not be justifiable to test the virulency of the spinal cord of rabbits upon the human subject by inoculation at first with virus of the maximum of toxic activity; and the question of the possibility of producing rabies in man by such inoculation must remain undetermined, unless it is assumed that such a possibility is proved by this case.

"The latest report is that M. Pasteur has treated 325 persons bitten by rabid animals, with but one failure. and this in the case just mentioned. When we remember that many of these cases were of persons bitten by animals not rabid, that probably not more than one-third of those bitten by rabid animals would have had rabies if subjected to no treatment, and that in many of the cases cauterization or other ordinary prophylactic measures were probably adopted promptly, we can understand that the statistical value of these cases is not of necessity positive and absolute.

"In view of experiments which must be regarded either as incompletely preformed or imperfectly reported, it does not seem unfair to compare the results claimed with observations more or less similar, the results of which are undoubted, and to discuss the propositions of M. Pasteur from a theoretical point of view.

"There are certain contagious diseases, such as scarlet fever and measles, a single attack of which usually protects against recurrence. Another disease, variola, which commonly occurs but once in the same person, may be artificially propagated by inoculation. Recoveries from rabies are infinitely more rare than the disease itself, and there are no facts bearing upon the question of the possibility of a second attack in the same person. In scarlatina, measles, and small-pox the processes which result in protection against subsequent attacks are distinct and characteristic. No distinctive phenomena attend the processes which are alleged to result in protection against rabies. So far as the immediate effects are concerned, the so-called toxic injections might be replaced by injections of sterilized broth alone, and it is certainly a grave omission if controlling experiments have not been made by injecting broth alone and virus mixed with other media.

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"It is difficult to imagine a more satisfactory plan of experimentation than that which resulted in the discovery of vaccination. Jenner, having observed that persons once affected with cow-pox seldom experienced this disease again, and that such persons were proof against inoculation with the virus of small-pox, simply verified this, which was a popular notion, by a great number of carefully conducted experiments, simple and logical in their conception and entirely accurate and satisfactory in their execution. The qualities of simplicity and accuracy are not conspicuous in the published reports of the observations of M. Pasteur. The use of what appears to be the true virus of rabies in the saliva of the dog was soon abandoned, even in experiments to determine the fact of the protection of dogs by inoculation. Even the fact of the possibility of producing rabies in rabbits rests upon a simple statement unsupported by a detailed account of phenomena; and it is only the well earned and brilliant reputation of M. Pasteur, attained by important discoveries similar in character to the one now claimed, that seems to render his method of protection by inoculation more worthy of consideration than the so-called mad-stones and various other popular fallacies of like character.

"Coming back to the main proposition, that the method employed by M. Pasteur protects against rabies, if this simple fact is conclusively demonstrated, the experimental methods by means of which the discovery has been made are of secondary importance. Looking back from this main proposition, the actual scientific position of the questions involved seems to be by no means impregnable.

"1. It is not certain that any one person inoculated by M. Pasteur would have had rabies if no such inoculation had been practiced. In the case of Joseph Meister, the behavior of the dog that inflicted the wounds was not what is usually observed in a rabid animal. The dog that bit the Newark children was certainly not rabid. The significance of the case in which rabies was developed in a child immediately following treatment can not be appreciated without more exact details than are to be found in published reports.

"2. It has not been positively demonstrated that inoculation of strong virus from the spinal cord of the so-called rabid

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rabbits, under the skin of unprotected persons or animals, h produced rabies. The phenomena which would follow the i troduction under the dura mater of the substances used, assu ing that these substances did not contain the virus of rabi have not been taken into account.

"3. There is no detailed description of the phenome which led M. Pasteur to the conclusion that his inoculated ra bits had true rabies.

"4. There has been no confirmation of any of the results M. Pasteur's experiments at the hands of other observers; whi may be partly due to the fact that his experimental meth are not available, are not very clearly described, and are i certain degree vague and even mysterious.

"Until a complete consecutive and satisfactory account the experiments and observations of M. Pasteur, by M. Paste himself, shall have taken the place of the imperfect, disc nected, and unscientific reports already made, the alleged d covery of a certain prophylactic treatment of possible rabies the human subject will be memorable only in view of the p found interest which its publication has excited, which h been due mainly to the high scientific reputation of its autho

Dr. E. G. Janeway said that last summer, when in Paris, had seen some of the animals experimented upon by M. Pa teur, and a part of his method of inoculation, but not the wh of it. He had asked M. Pasteur this question, which he consi ered the key-note to the solution of this matter: Whether t dogs so inoculated had really proved refactory to hydrophob and the reply was that they had. If dogs treated after M. Pa teur's method were protected against rabies, he could see no o jection to extending it to human beings, and he should expe that similar results would follow. Whether the use of t spinal marrow was appropriate, or not, must be determined b experiment, but he should think, from analogy, that it wou be, for, if the virus was communicated to man by the bite of dog, and remined quiet for an indefinite space of time, a then gave rise to symptoms of rabies, it would seem probab that it was composed of a living material of some kind, that developed and entered the circulating fluids, and becam diffused throughout the system; and as the symptoms pointe

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to an irritation of the nervous system, of the brain and cord, it would seem that the virus must exist in these tissues. There was evidence of an inflammatory process in these parts, and we must suppose that something had been present to excite such an inflammation. It seemed to the speaker that a method which had proved innocuous in three hundred and twenty-five cases in which it had been employed on man should be resorted to in instances of probable bite by a mad dog, for, if it could not yet be positively shown that the inoculation has prevented the development of hydrophobia, the probability of its having done so was sufficiently great to continue the practice until its inefficacy or danger could be demonstrated. The single case of death after inoculation had been explained on the basis that the treatment had not been resorted to until after the virus had developed. If, however, it could be shown that dogs were rendered refactory to rabies, he could see no reason why the same thing would not hold true with reference to man.

That which had impressed itself upon his mind, as it had upon Dr. Flint's, was the fact that the inoculations which the animals went through had produced no signs. This was altogether unlike what was seen in vaccination against small-pox, for here a pustule and other signs manifested themselves. It might be, however, that signs were present in the nervous system or at the seat of inoculation, but that they were so slight as to go unrecognized. It had been suggested that all dogs be inoculated to guard against the possibility of their becoming rabid; but this was unnecessary, as but few dogs ever had rabies, and the possibility of their communicating it to man could be guarded against by a muzzle. Besides, there would ever be a doubt as to whether inoculated dogs might not become rabid from the material used for inoculation, and communicate the disease to man.

Dr. Biggs said that the answer to the other questions raised by Dr. Flint would be found in the answer to the questions whether it was genuine rabies with which Pasteur had been working. That was a question difficult to decide from an independent standpoint. The speaker had seen a large number of dogs which had been inoculated, and certainly the symptoms in some of them were what had been described as those of rabies,

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but he himself had never seen a case of rabies before he visited Pasteur. Pasteur himself had said the symptoms of rabies differed in rabbits and in dogs. The period of incubation in rabbits was fifteen days, while in dogs it was longer, and by successive inoculations this period was reduced uniformly in rabbits as low as the seventh and eighth day, and in dogs as low as the eighth to the ninth day. These symptoms were definite according to the animal experimented upon. It had been objected that a form of septicæmia instead of rabies was thus inoculated, but no known form of septicæmia behaved in this manner. The same effect had been produced when the virus was employed subcutaneously and intravenously, but the period of incubation was longer, and for this reason the experiments were upon the brain. The symptoms in rabbits were simply those of progressive paralysis, analogous in many respects to forms of septicæmia; but if the virus from such a rabbit was injected into a dog, the disease would manifest itself in a way not to be mistaken. Pasteur asserted that he had proved in a large number of cases, without a single failure, that dogs so treated were unsusceptible to rabies from the bite of a mad dog, and the commission appointed in 1884 to report upon his experiments had testified to the same thing. The dogs not so treated had not proved refactory to the disease when exposed to it. —Discussion on Rabies, in *New York Medical Journal.*

CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF DIGESTION.—Drs. Ewald and Boas have recently endeavored to throw some new light on the physiology and pathology of digestion (*The Lancet*, December 5, 1885). The investigations of Leube, Riegel, Ewald, and others, on the secretory activities of the gastric glands leave much to be desired. Indeed, in the present state of knowledge it does not seem clear that any certain indications can be drawn from the chemical and physical condition of water that has been used to wash out the stomach —a method that has usually been followed in physiological investigations on man. The quantities of pepsin and free hydrochloric acid thus obtained vary so much, even in physiological circumstances, that a precise application of the results to the

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determination of pathological states is impossible. Again, Leube thought the secretory activity of the gastric glands might be inferred from the duration of gastric digestion, but experiments do not appear to support this view, for different observers have given different times as the duration of normal digestion. Then the influence of the motor and absorbent functions on the gastric secretions is altogether conjectural. In carrying out some fresh observations Ewald and Boas have made use of some cases in the *Frauen-Siechen-Anstalt* in Berlin. One of the cases was that of an hysterical girl, aged twenty, who ever since the age of fourteen had been subject to vomiting, which regularly followed every meal. The particular time at which the emesis occurred appeared to vary proportionally to the kind of food ingested. If fluids were given, vomiting came on immediately; whereas if solids were administered, the stomach was not emptied for from two to four hours. As the result of several hundred observations on this girl, Ewald and Boas found that during fasting the contents of the stomach were free from the remains of food, as a rule neutral, and contained neither free hydrochloric acid, lactic acids, nor peptones. Schultz and Leube have stated that during fasting the reaction of fluid withdrawn from the stomach is strongly acid. According to the authors, it would appear that there is no foundation for the belief that lactic acid is necessary to the construction of hydrochloric acid. The main facts that have been elicited by Ewald and Boas are, first, that lactic acid tends to disappear as digestion goes on; and, secondly, that its disappearance is more rapid the more active the digestive process is, but is also largely dependant on the kind of food. The earliest appearance of free hydrochloric acid and peptone is the third question that has been investigated. The experiments show that the process of peptonization begins almost immediately after the ingestion of food, and that in a mixed diet the process is directed at first rather by the lactic than by free hydrochloric acid. The curves of peptonization and the formation of hydrochloric acid go precisely together, attaining their summits at the same time, and falling synchronously. The summit of the curves does not coincide with the termination of digestion, but corresponds with the period at which the digestive activity is at its height; so that the formation of hydrochloric

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acid and peptonization attain their maximum some time before the disappearance of the contents of the stomach. The final question to which the authors address themselves is the part played by the fat in gastric digestion. As a rule, fat hinders the activity of gastric digestion. Fat remains a long time in the stomach, and no doubt leads to the formation of fatty acids, which cannot be without influence on the physiological processes. It had been found that on a pure white-bread diet, after fasting, the lactic acid could be detected for sixty minutes, after which time only hydrochloric acid could be found. But when fat or butter was also added, the duration of the digestive process was increased to two and three hours, according to the proportion of fat. In these experiments it was also found that hydrochloric acid was present in but small quantity, while lactic acids existed in abundance. To the deficiency of effective hydrochloric acid Ewald and Boas attribute the prolongation of digestion. This series of experiments also confirms a point already alluded to, that when the digestion is prolonged the lactic acids are slow to disappear. The chief conclusion to be drawn from these investigations is that the prolongation of digestion is the most certain sign of impairment in the process. This prolongation may be brought about as the result of mechanical disturbances and chemical alterations. The therapeutic indications to be gained from these considerations would appear to be the removal of all those influences which prevent the proper locomotion of the stomach and the due performance of its chemical work, or which hinder its absorbent powers in any way.

The "*American Homœopathist*," April, 1886, contains a communication by Dr. G. M. Pease and A. McNeill, until recently connected with the Faculty of the Hahnemann Medical College, of San Francisco, Cal., strongly tending to show great carelessness, and even more, on the part of those in authority in graduating students. It is hoped that our California friends will not refuse to remove the shadow of a suspicion raised against their good name.

Send to Mr. F. E. Bœricke, Publisher, 921 Arch St., Philadelphia, Pa., for specimen-pages of the forthcoming "*Hand Book of Homœopathic Materia Medica*," by Timothy F. Allen, M. D. It will help both reader and publisher; the reader will be so pleased with the plan that the publisher is sure to get a subscriber.

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COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

Dr. W. J. Wallace, '84, was in the city last week on the occasion of the funeral of the late Dr. Woodruff.

The department is indebted to Dr. Adams, of Flint, Dr. E. Clark, of Three Rivers, Dr. E. F. Chase, of Dexter, and Dr. Walker, of Salem, for valuable clinical material.

During the spring vacation Miss Nana P. Braden, Hom. Med. Dept. '86, and Mr. W. C. Riddell, Dept. Med. and Surg. '86, were married in Washington, D. C., the home of the bride's parents. We tender to both our hearty congratulations.

The seniors are already making preparations for a fitting exit from the campus and a bold entrance into the profession. They have made arrangements with Randall & Burnham to take their class pictures, are about closing a contract with an eastern firm for commencement invitations, and will soon perfect arrangements for a class banquet during commencement week.

Arrangements have been made whereby Dr. Sterling, late of the New York Ophthalmic Hospital, will fill Prof. M'Guire's place until he is able to resume his work. Dr. Sterling, by his first work with us, on last Friday, shows that he is not only a very skillful operator but that he is master of the art of teaching the subjects he undertakes. He will lecture and hold clinique on Mondays and Fridays.

The *University Calendar* was issued from the press a few days ago. Typographically it can not be said to be very much superior to its predecessors. Beside the lists of faculties and students, it contains very full information concerning the organization of the six departments and their courses of studies, concerning the various museums and their contents, and the general library. It shows that in all the departments there are 48 full professors, 12 assistant professors, and 30 instructors and assistants, and 1,401 students, a gain of 8 per cent. over the attendance of last year. The distribution of students is as follows: In the Department of Literature, Science and Arts 596, a gain of 13 per cent.; in Department of Medicine and Surgery 327, a loss of 2 per cent; in the Department of Law 286, a gain of 9

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per cent.; in the School of Pharmacy 61, same as last year; in the Homœopathic Medical College 49, a gain of 44 per cent.; in the College of Dental Surgery 80, a gain of 2 per cent. Of the whole number of students Michigan sends 717. The degrees conferred last year number 367. The Library now contains 57,129 volumes and 11,614 pamphlets. The *Calendar* indicates a healthy growth in almost all the departments of the University. It does not, however, show the needs of the various departments. Of these we hope to say something in the future.

MEMORANDA.

Bathing the eyes of a corpse with a little glycerine and water gives them a life-like appearance.

Mr. C. J. Halsey, the well-known Chicago pharmaceutist, died on February 23d, 1886, aged fifty-one years.

DIED.—At his residence, Detroit, Mich., on April 13th, 1886, Dr. Francis Woodruff, aged sixty-five years.

Dr. Wood, before the Philadelphia County Medical Society, reported a case of "Aphasia, with Hemiplegia, Hemianæsthesia, Hemianopsia, Amblyopia and Loss of Taste, Hearing and Smell on the Affected Side." The man died.—*Medical Era.*

The ova of pediculi may be loosened from hair previous to washing by sponging the head or part of the body affected with a mixture containing equal parts of vinegar and water. This dissolves the cement by which the eggs are attached to the hairs, and enables them to be subsequently easily removed by soap and water.

The death is recorded, on March 15th, 1886, of Dr. Benj. Ehrman of Cincinnati, Ohio, one of the oldest and most honored of Ohio homœopathists. Although well advanced in years, he until quite recently was in the enjoyment of excellent health, taking an active interest in medical and religious matters. He was for many years a partner of the late Dr. Pulte, and with Dr. Pulte, chiefly by the success of the firm in the treatment of Asiatic Cholera (1849, and later) did very much toward firmly establishing homœopathy in the west.

The seventh annual session of the Homœopathic Medical Society of the State of Michigan will be held at Kalamazoo, Mich., on Tuesday, May 18th, 1886. The meeting will continue for two days, three meetings daily being promised, the sessions to be held in the Y. M. C. A. Hall, Academy of Music Building. The officers of the society have been hard at work, and promise a "good time." Information regarding reduced rates for transportation and hotel accommodations should be addressed to the corresponding secretary, Dr. J. H. Cowell, East Saginaw, Mich.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."

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EDITORIAL CHAT.

The season is again approaching for the annual meetings of medical societies, both large and small. Our brethren in the South have already "enjoyed their privileges," and have made excellent use of their opportunities. Certainly, judging from reports, the recent sessions of the Southern Institute of Homœopathy were full of interest, and it is to be hoped that our colleagues, so ably led by a union of gray hairs and youthful vigor, will not only maintain themselves, but will make rapid advance all along the line. Indeed, our men in the South have done famously within the last few years, have scored more than one important victory, and the time is not far off when homœopathy will have able representatives in each southern city, village, and hamlet.

A large number of State Societies will convene during May, and there is important work for them all. Not only should every effort be made to render the reports of the different bureaux of the greatest possible interest,—and this is always done,—but particular care should be had to secure efficient work by the committees on Medical Legislation, and the very best men available should be placed on these committees. Of recent years we have in all the states been exceedingly neglectful of the very great importance of the work which these committees SHOULD do; there has been a feeling of satisfaction with the work accomplished in various directions, and contentment and a consciousness of security have made us thoughtless. The reports from these committees have been very meagre; their reception has been luke-warm, a mere matter of form; and

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the composition of the committee itself has only too often been proof positive that the appointing powers were hardly aware of the supreme importance of placing upon this committee men of tact, of some experience in political affairs and in legislative matters, and of the necessary appreciation of their own responsibility to warrant the presumption that their duties would not be neglected upon trifling excuse. It is indeed a serious mistake to ignore the fact that the old-time bitterness of the dominant school in all things pertaining to homœopathy and homœopathic physicians is not a whit less than it has been at any time during the last fifty years. Wherever they possess the power to do so with safety to themselves, they act the part of the oppressor, ignoring without a moment's hesitancy social, religious, and political duties in order to cripple the growth of a rival school. Their large political influence is used without stint or scruple, and old school physicians who as citizens are examples of good breeding, exalted morals, and unblemished character, in their fight upon homœopathy do not hesitate to ignore alike common justice and common decency. It is folly to trust to fair words from them. These gentlemen must be met in the halls of legislatures and fought with the same weapons which they so skillfully use upon us. Our committees on Medical Legislation must be chosen with particular reference to fitness for this kind of work, and our State Societies, instead of exhausting their treasury by the publication of "Transactions," will do wisely if they spend every dollar that can be raised in taking means to watch legislation on medical matters and to fight, to the bitter end, each and every measure which close scrutiny shows to be inimical to the common welfare. We cannot afford to rest on our oars, or make ourselves believe that all medical men are equals before the law, as they are equals before the tax-collector, until there shall be end of official favoritism, and until the claims of a medical man upon the consideration of an office-holder whose salary he helps pay, or of state institutions—whether state-prison, asylum, or university—which he by law is compelled to support to the extent of his taxes—do not rest upon his "pathy" but upon his professional qualifications. Many a hard fight will have to be fought until these points are gained; and until they are gained, let there be

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fewer complimentary speeches, and a great deal more work of the right kind. In Michigan, some effort should be made to see if by any possibility we may yet secure control of the State Asylum for the Insane at Traverse City, as proposed by the men who enacted the law establishing this institution. Eminent counsel should be consulted and employed to determine whether, or not, the trustees had a right to ignore the expressed wish of the legislature, and what procedure promises the quickest and most radical redress of the wrong perpetrated. The state society should appoint a special committee, with especial powers, to assume charge of this matter, and instead of wasting money in publishing a volume of Transactions, the contents of which could in some other and cheaper way be laid before the profession, the money thus spent should form a portion of a fund to defray expenses which must be incurred by someone in the prosecution of this task. This committee should be selected with care, and the mistake should not be made of leaving so important a matter to anyone who, from personal interest, selfish motives, a desire to become conspicuous, or for any other reason and without due authority, sees fit to meddle with it. The "never too late to mend" may not be applicable in this case now that actual possession has been given the dominant school; but it certainly is not too late to make an effort at mending, and perchance the affair may not prove so hopeless as it looks, if taken in hand properly. But success cannot become even a possibility unless the profession are willing to spend money, time and effort, and of all the means to be employed a carefully selected committee to enquire into the legal aspects of the case and to direct its management, and a careful canvass of candidates for the next legislature, so far as it relates to the matter in hand, are the most important. It is also high time to secure for us representation on the State Board of Health; homœopaths, as good citizens, have loyally supported this Board, and it is fit that they should be represented upon it, the more so since the State Board of Health, as a Board, is not by any means without influence or prejudice in matters pertaining to medical legislation.

The next session of the Western Academy of Homœopathy, to be held at Galesburg, Ill., will undoubtedly exert a decided

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influence upon the future of this body. If, as is hoped, the meeting shall prove a success, both in point of attendance and in the quality of work done, its effect will be most salutary; if it fails to make good the expectations of its friends, nothing short of the hardest work will insure vigorous life in the future. It is quite as expensive to attend regularly the annual meeting of the Academy as that of the American Institute, and since many of the most active men in the "Academy" are also loyal members of the "American Institute," and thus feel in duty bound not to support one at the expense of the other, but to work in both societies, the dollars and cents actually spent in supporting the two amount to a sum much larger than the average medical man can afford to spend unless he receives valuable returns. That the Western Academy should receive the hearty support of Western men is self-evident; it is as evident that its prosperity depends upon the quality of work done by the Academy. If its bureaux are carefully made-up and its proceedings are of practical interest, no question will be raised as to the necessity of having such an organization in the West, and Western men will make any reasonable sacrifice to support it. It is not an easy matter for men in the far West to cross the continent in order to meet with our national organization, which by many is held to be quite as much an Eastern as a national concern, and thus a live, active society, representing the broad West, western energy, western pluck, western aggressiveness, is almost as much of a pressing necessity as was the organization of the Southern Institute of Homœopathy. But we can no more afford to run a second-rate side-show in the west than we can afford to cease our active work in the American Institute. If we insist upon having a Western Academy of Homœopathy, we must make it an organization truly representing the progressive spirit of the people of Illinois, Iowa, Missouri, Colorado, and other western states; unless this can be done, unless its proceedings can be made of permanent value, its attendance be increased largely over the attendance had for some years, unless the spirit of a slow-and-easy-going semi-indifference can be changed into one of wide-awake aggressiveness, thus penetrating into every part of the territory belonging to it and making itself felt in all matters of common interest in the

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West,—unless these changes can be had, it were better for the western homœopaths to secure an adjournment *sine die* of the Western Academy and to give their whole and undivided support to the American Institute.

That the Saratoga meeting of the American Institute promises to be very large and prosperous in point of attendance seems now assured, and that its social features will be delightful is quite apparent. How much will be done for the common good remains to be seen. In spite of many drawbacks the American Institute has ever done a noble work in a quiet, undemonstrative, self-reliant manner, and upon the wisdom of its actions depends largely the fate of our school not only in America but even in Europe. No lover of homœopathy can afford to do aught to lessen the usefulness and influence of this representative organization, and all minor considerations and claims must be promptly ignored when they clash with those of the Institute.

Of the affairs of importance which should receive the attention of the Institute at its next session, the matter of a national homœopathic pharmacopoeia should be most carefully considered, as has already been suggested in an interesting article in the *Medical Advance*. It is well known that for years the Institute, under the leadership chiefly of the late Dr. Dunham, prepared and collected material for a work of this kind, and that but for the death of Dr. Dunham we probably would have had before this an authoritative work of this kind. Without discussing the relative merits of the "American Homœopathic Pharmacopoeia," issued by Bœricke & Tafel, and the Pharmacopœia published by Gross & Delbridge, it is evident that directions for the preparation of remedies must come from some universally recognized authority, and that there must be had some standard by which can be gauged the reliability of the various preparations in use with us. The absolute necessity of using for therapeutic purposes preparations in each and every respect like those employed in the making of those provings which furnish us the pathogenetic records which alone guide us in the therapeutic application of our remedies, is so self evident that discussion of this point is useless. And the most superficial comparison of the two works mentioned, and

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of others of the same class, is quite sufficient to show the grea est possible difference in the directions furnished for the pre aration of our remedies, which latter, in fact, means also diffe ence in the results obtained by their exhibition to the sick. Th point is of such far-reaching importance that the American Inst tute of Homœopathy cannot possibly afford to ignore it, and a thoughtful practitioners should unite in demanding from the n tional organization some decisive action which shall result in e tablishing uniformity in the preparation of remedies. What th action itself shall be, may safely be left to the loyalty and wisdo of the Institute.

And is it not about time to devise some plan by whi the working of the "Institute" may be made more satisfa tory and profitable to its members? Would it not be w to try once more, and for a series of years, the division this very large, and hence rather unwieldy, body into Section Is there, in fact, any other way in which the multitude of pape presented can be heard by those most interested in them a fully discussed by those qualified to discuss them? Is there n a general feeling that exhaustive discussion of points present in papers is a thousandfold more important and desirable th any other work in which the Institute may engage? And c anyone of the officers devise a plan by which there can be rea within three or four days, a bulk of manuscript filling hundre of pages of close print, and yet leave enough time to have the papers discussed? Or can there be found one sane man wh thinks, and is ready to maintain, that the members of the Am ican Institute are willing to forego the pleasure and the profit a general discussion bearing upon some interesting point for t sake of listening to lengthy reports which they can read at th leisure as soon as the "Transactions" are published?

And, speaking of working in sections, is it wise or just waste the time of five hundred, or more, men in listening to t report of a bureau which is of interest to fifty men, at mos And is it practical, after thus forcing the five hundred to list to reports of interest to only fifty, to devote no longer time reports of bureaux which interest each member of the Institu and of the profession than to papers which attract only a sm fraction? What justice or sound policy is there in so arrangi

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that the fifty cannot meet in one room and discuss matters of interest to them, leaving the five hundred at liberty to meet elsewhere and pass the same hours with interest and profit to themselves. Surely, the American Institute of Homœopathy can no longer refuse to give the section-plan a fair trial for a series of years, since the efficiency of the old method, applied to so large an organization, has become painfully apparent!

The banquet, we presume, will be held as usual; and we presume the local Committee of Arrangements have been busy persuading the landlord to follow the customary habit of making said "banquet" a complimentary affair. The time will come—and God speed the day—when the American Institute of Homœopathy will not be able to find a Committee of Arrangements willing to drive a special bargain of this sort, and when the members of the Institute, fully appreciating the pleasures of the reunion in the banquet-hall, will insist upon PAYING for a first-class entertainment out of the common treasury of the Institute or by individual contributions.

A CASE OF ASTHMA SUCCESSFULLY TREATED WITH HYPODERMIC INJECTIONS OF ARSENIC.—A man, aged 30, suffering repeatedly with attacks of asthma, was treated for some time with various remedies, among them the hypodermic injection of morphia, but without relief. Finally Fowler's solution of arsenic, in 10 minim doses, was injected under the skin with excellent success. After 12 injections, the attacks ceased and the general health of the patient improved remarkably. A few months after apparent recovery, a recurrence took place, when two injections relieved him completely. These injections caused no unpleasant symptoms, and locally produced nothing worse than most any other injections, slight indurations which disappeared after a few hours. After the first two injections the patient complained of some pain in the leg of the injected side, which lasted but a very short time.—*Medical Central Zeitung.*

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THEORY AND PRACTICE OF MEDICINE.

SCHÜSSLER'S REMEDIES. BY DR. GOULLON.

If there were a specific remedy for noises in the ear, many patients would apply for it, though it may originate from different causes. Hyperæmia and anaemia produce it. Sometimes it is like the vibration of a cord, another time purring and ringing; others compare it to the noise of boiling water, to the humming of bees or the whistle of an engine. One lady had her tympanum injured by a hair-pin, and she compared the noise to the beating of sixty drums; often it may be caused by hardened ear-wax, and ceases after its removal. Silicea, in so many cases an excellent cerebral remedy, failed with me in the removal of these noises.

Schüssler recommends in such cases *Kali phosphoricum*. I prescribed it successfully to an old man of apoplectic habitus, who often complained of numbness in his hands, which was usually relieved by Arnica. This summer he suffered from acute articular rheumatism, which was his third or fourth attack; now he seeks relief for noises in his ears, aggravated by noises on the street. As it is usually the case in this ear affection, he felt greatly discouraged. After taking for four days the sixth potency of Kali phosphoricum in water, three times a day a teaspoonful, his former cheerfulness returned and he could hear as well as ever. If Kali phosphoricum would not have relieved the beating in his ears, Magnesia phosphorica would have followed.

A young lady has suffered for the last four months from a gastric catarrh, characterized by excessive acidity. She says, it ascends like a poison, and boring pains between the scapulæ accompany this excessive formation of acidity, appearing after taking ever so little food, more after breakfast than after dinner, about one or two hours afterwards. All dietetic treatment and all old-school torture had so far only aggravated her suffering, and when they offered to pump it out, her patience ceased, though she had lost all her appetite and had a perfect horror of milk, pastry and other sweet delicacies. As a last resource Homœopathy was recommended, and, any one, half acquainted with the biochemical treatment of diseases, knows that the

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choice must be *Natrum phosphoricum*. Schüssler recommends it for the acid diathesis, especially for all ailments produced by an excess of gastric acidity. One little powder sufficed to regulate her digestion; for a week afterwards she joyfully acknowledged her good appetite, and that all acidity is gone. The powder contained four drops of the sixth potency of Natrum phosphoricum, to be dissolved in half a wineglassful of water, a teaspoonful mornings and evenings. With Clotar Müller, we consider the sixth potency to be our choice and sufficient for nearly all cases. What astonished me most was, when patient related that a few years ago she was also cured of the same acidity by one powder, prescribed by my father, Dr. Goullon, Sr., and it was remarkable that she still recollected the name of the remedy, Calcarea carbonica. Does in the tissue-remedies Natrum phosphoricum take the place of Calcarea carbonica? There cannot be two specifics! How can it be explained?—*Schwabe's Zeitschrift für Homœopathy, 1, 1886.*

So far Dr. Goullon. May we not ask the faculty of Ann Arbor and the editors of the MEDICAL COUNSELOR to have Schüssler's remedies proved? They have the material on hand, and their students ought to be willing to undertake this pleasant task. Considering the dozen remedies, they can ascertain easily that there is nothing in them but the constituents of their own body, and it would be the task of the faculty to see to it that such provings are made with all the lights shed upon them by scientific methods. Should the question be raised whether such constituents of our body will produce symptoms on a healthy person, we can point to Silicea, Calcarea, and Sulfur as proofs; still more to Natum muriaticum, which we use daily more or less. Let these provings be started with the sixth, and gradually advanced to the thirteenth. There is a bonanza still to be opened, and blessed be those who deliver us the pure ore.

For nearly a decade I have used in my practice Schüssler's tissue remedies, and their prompt action has often astonished me. Dr. Palmer, of this city, read, only last year, a paper before our Medico-Chirurgical Society, and urged the fellows to give them a fair trial, even in severe cases of genuine diphtheria. In rheumatic acute attacks the alternation of ferric phosphate with potassium chloride, the one in the morning, the

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other in the evening, has shortened many an attack and brought blessings on the doctor! The facts of this beneficient action accumulate day by day. They must act according to the homœopathic principle, and therefore, such provings are a necessity and if the proving fails, it only shows that there are still other laws for drug action than our own beautiful similia similibus curantur. Homœopathy need not fear the trial, and the welfare of our patients is our paramount duty. *Tuto, cito, jucunde!*

S. LILIENTHAL, M. D.

THE CLINIQUE.

CALENDULA IN PHLEGMONOUS ERYSIPELAS.—Mrs. H—, æt 67. She has a family history of scrofula, and is evidently possessed of a strumous diathesis which has shown itself at various times and in divers forms, but chiefly in glandular irritation and repeated attacks of erysipelas. About five years ago she suffered from an attack of phlegmonous erysipelas, resulting in the formation of abscesses in the structures of the back and hips, from which she was confined to her bed for several months and which seriously threatened at one time to terminate fatally. Finally, however, she made a fair recovery, and has since enjoyed ordinary good health, with the exception that at times a erythematous or erysipelatous condition would appear upon the skin of some portion of the face or body, but which was usually promptly relieved by early and appropriate treatment.

For a week, or more, previous to my first visit she had been suffering with the usual trouble incident to an attack of erysipelas. It began with a feeling of malaise, slight rigors, headache, pains in the back and limbs, slight gastric disturbance and fever, which had gradually increased until, when I was called it ranged from 100° in the morning to 102° to 103° in the evening. The delay in seeking medical advice was due to the fact that the family physician had died a short time previous, they were reluctant to employ a stranger, and the repeated mild seizure had perhaps led them to infer that this would not be an exception and would pass away soon, like the other recent ones. At this time, the face, arms and back were the parts most involved, the cervical, axillary and inguinal glands being swollen

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and inflamed. One gland just above the clavicle was enlarged to the size of a hen's egg and appeared about to suppurate. The hands, arms and face were much swollen, and ulcers had formed in several places, the worst being upon the side of one thumb and upon the back of the other hand near the metacarpal joint of the third finger.

Belladonna, 3d dilution, was prescribed with the effect of relieving all the symptoms in a few days, except the ulcers, which refused to heal and continued rapidly to broaden and deepen until the bones were laid bare, and the necessity of amputation seemed almost certain. Mercurius and Rhus tox., which had been successively prescribed for the ulceration, with Hydrastis externally, appeared to have not the slightest effect in staying its progress. I now began the use of Calendula, 1x dil. internally, and applied compresses wet with a solution of the same remedy, a tablespoonful of the tincture to a pint of water, to the ulcers. The effect was almost immediate, the ulcerative process being arrested very promptly, granulation soon becoming established, and in a comparatively few days the diseased portions were restored to their normal condition, to the intense relief and delight of the patient and her family, who had felt firmly assured from her former sad experience that nothing short of removal would be sufficient to restore the patient to health.

A somewhat characteistic occurence was noted in the fact that a son of the patient, aged 16 years, who had about the beginning of her illness scratched his finger slightly while at work, became infected with the erysipelas, which extended until the whole arm was involved and the usual constitutional condition developed. Quite a large collection of pus took place in the finger, which was lanced, and recovery then followed without any further untoward symptoms. D. McL.

LYCOPODIUM IN DIARRHOEA.—Mrs. R. has for the last four years had every afternoon, between 3 and 4 o'clock, diarrhoea consisting of one or two slightly bilious stools, preceeded by very violent colic. Eructation of gas after every meal; symptoms aggravated by cold things, beer, milk, fruit and vegetables, but the strictest dietetic precautions do not prevent the occur-

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ence of the diarrhoea. She thinks she originally got it by drinking cold water. Recipe: *Lycopodium* 6x, two drops three times a day. After three days' use of this remedy she had a soft stool every morning, not preceded by pain. No afternoon stool; eruction better. She continued the medicine for a fortnight, and was perfectly cured.—(*Hom. World, fr. Allg. Hom. Zeitg.*

RHUS IN PEMPHIGUS.—A boy, æt fifteen, had for four years suffered from an eruption that continued to spread over his body. It began with blisters of various sizes, at first filled with clear serum. which grew turbid; then the blisters burst, became covered with scabs, spread over the surface, secreting much fluid, and causing burning and itching. The whole scalp, abdomen, lower portion of the chest, portions of the lower extremities and back, were covered with a moist, corroding eruption; large portions of the surface were entirely covered with it. He had hitherto been under old-school treatment, and had had *arsenic* and various unguents, but the eruption had continued to spread. He received *Rhus tox* [.30, five globules twice a day,] from the first of July to the end of August, by which time he was quite cured, and had no relapse.—(*Ibid.*)

A PROVING OF BRYONIA.

The patient, a man æt. sixty three, had by mistake taken about eighty drops of homœopathic tincture of bryonia, Two hours later, having been quite calm and comfortable in the interim, he felt an uncomfortable tickling, warm sensation in the throat, and then began to vomit. Within a few moments after the supension of vomiting he became oblivious of his surroundings, having a feeling as if a piece of gauze had been drawn over his face. He then remembered nothing more until he heard Dr. Dixon calling him by a wrong name on his arrival. His pulse was imperceptible at the wrist; he was drowsy, livid, and covered with cold perspiration. There was no diarrhoea, nor did he complain of any pain. The patient was decidedly delirious, but could not be induced to give some kind of an answer to a question.—(*London Medical Record*, March 15th.)

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PLEURITIC EFFUSION.—The sub-acute or chronic stage of pleurisy is sometimes reached without having been preceded by any very marked constitutional symptoms, or the first stage of hyperaemia or plastic exudation has been of such short duration, the effusion taking place so rapidly and the relief from pain consequent upon its occurrence being so complete, that the patient and his or her friends are entirely deceived as to the real condition, and fail to call in a physician until the dyspnœa perhaps or the other symptoms due to the more serious condition have rendered it imperative. The physician will probably, in most cases, be able to elicit sufficient from the history to establish a diagnosis, but if not, a physical examination will show the condition to be either serous effusion or empyema. The subjective symptoms of the latter affection, such as hectic fever, night sweats, etc., will ordinarily enable him to differentiate. When this is done, the question of treatment arises, and in most cases is a puzzling and important one. Some authorities advise an operation at once, as the most prompt and certain means of cure, while many others, equally noted and worthy of reliance, insist that paracentesis should only be performed as a *dernier ressort.* I believe the weight of both authorities and reason commend the latter course in the stage of serous effusion at least, where the access of air into the cavity would render the accumulation liable to become more rapidly purulent in character, and thus only hasten the process we are so anxious to avoid.

The following case is both interesting and instructive in its bearing upon the treatment of such conditions:

Miss F., aet. 23 years, has dyspnœa, and is very weak and debilitated. She furnishes a history of acute pleurisy. About four or five weeks previous, had taken cold and suffered from severe catching pain in the left side. The attack began with a slight chill, followed by fever of a mild character and accompanied by the catching pain which, however, only lasted two or three days at most. The constitutional disturbance was very slight, and upon the cessation of the pain her friends concluded that convalescence had set in, and that there would be no necessity for a physician's services, hence one was not called at that time. Later on, other symptoms developed upon which

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they considered medical advice should be secured, and I was called in. The patient complained chiefly of orthopnœa, but was "troubled for breath" all the time. The temperature was found to be normal, pulse 130 and forcible, appetite very poor, urine scanty but not much changed otherwise, and the bowels constipated. The face was pale and pupils dilated.

Physical examination revealed flatness over the whole left lung except at the apex, tubular breathing in the interscapular space, with exaggerated resonance and respiratory murmur over the right lung. The left chest was very much enlarged, the intercostal spaces bulging, no perceptible respiratory movement on that side, and the heart displaced to the right, the apex beat being an inch and a half to the right of the sternum. The patient experienced great dyspnœa on lying down, and also had more or less insomnia.

Arsenicum appeared to be well indicated, and although it seemed at the time that an operation must soon become imperative, the remedy was prescribed in the third attenuation. As there was no marked evidence of purulent changes in the effusion, it was thought best to await the action of the remedy as long as possible, and in the meantime preparations were made for paracentesis in case the medicine failed to relieve, and the operation could no longer be delayed. At the end of three days the condition had certainly not changed for the worse, and on careful mensuration and auscultation some slight improvement seemed to have been made. From that time on the progress toward recovery was gradual but almost uninterrupted. Once the urine became almost suppressed, but the secretion was promptly restored by a few doses of Apis mell., when the Arsenicum was again continued, and in less than a month the normal condition of the chest was apparently nearly, if not quite, restored. The patient had not naturally a very vigorous constitution, and it was sometime before even her former strength returned; but outside of the weakness no trouble was experienced except some pain in left chest, probably due to slight adhesions.

This, with the many other like instances, would seem to warn us not to be too hasty in opening the pleural cavity in such conditions. The indicated remedy will here, as in other diseased conditions, assist nature in getting rid of the offend-

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ing accumulation by her own process, absorption. Even when the effusion has become purulent, if the patient's strength and reactive power be not too far reduced, and the hygienic surroundings very unfavorable, nature, *aided by our therapeutics*, may be quite sufficient to remove it. Finally, when vitality is so far depressed by the quantity of septic material as to furnish little hope that nature and the indicated remedy will be competent to restore the patient to health, and a free evacuation of the contained pus is found to be absolutely necessary *to prolong life*, the proper therapeutic agent, selected in accordance with our law of similars, will, in the end, prove to be the main factor in bringing the patient again to strength and vigor.

D. McL.

MATERIA MEDICA AND THERAPEUTICS

ABROTANUM.

The Southernwood (Artemisia Abrotanum, L.) is still cultivated in old gardens; a low shrub about three feet in height, with finely divided leaves of an intensely bitter taste. A tincture is prepared from the chopped and bruised leaves.

GENERAL ACTION.—The indications of a central disturbance (hyperæmia) of the nervous system, producing anæsthesia and paralysis are very marked; this is accompanied by neuralgic pains which cause restlessness and are relieved by motion.

Group for Study.—Absinth., Rhus tox., Con., Gels., Caust., Argent. n., Phos., Cimicif., Zinc.

GENERALITIES.—Trembling all over (Argent. n., Cimicif., Gels.) Often unconsciously dropped the reins while driving. (Compare Con.) Pains in the afternoon with necessity to lie down, great sleepiness but inability to sleep. Pain in back, hips, and knees, in afternoon. Pain all day in side and back of neck and shoulders, limbs, back, and hips, with numbness of arms and hands.

Darting pain in various parts of body and limbs; in various parts, in forenoon, most severe above and near right elbow. Itching, then darting pains in different parts, most in lower lobes of lungs and below knees. Lameness, morning on waking, especially in back, muscular soreness on motion, with pain in back of

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neck, shoulders, right side of chest and limbs, with lameness of right hip, so as to cause limping.

Weakness, in forenoon, with lameness; weak, sickly feeling, with internal trembling when excited. Disposed to lie prone.

MIND.—Nervous, excited, loquacious, felt like shouting, good humored, happy. Taciturn, irritable, violent. Peevish, feels as if she would like to do something cruel. Desponding. Thinks her brain is softening. No capacity for thinking. Feebleness and dulness.

HEAD.—Aching; and fulness. Creeping chills along convolutions of brain, with prickling. Left brain seems especially weak, easily fatigued by conversation or mental effort. Head weak, could not hold it up. Squeezed feeling in temporal region. Pain in left temple, morning on waking, continuing all forenoon. Scalp sore, <left side. Itching of scalp.

—EYES.—Smarting in evening, with pain in left, and inability to open it.

—EARS.—Wind rushes out of right. Humming like a bee, but when in bed a sound like distant talking, >listening intently, but returning as he turned his mind from it.

—NOSE.—Watery discharge.

—MOUTH.—Tongue sore. Mouth hot and dry, morning on waking. Mouth dry and sore; sore, < night, with salivation; soreness mostly confined to gums near left, upper molars.

—THROAT.—Scraping.

STOMACH.—Appetite poor. Gnawing hunger. Eructations of air tasting of the plant; of air tasting of salt mackerel in evening. Nausea; with sour eructations; in evening with burning and soreness of stomach; felt sick all forenoon, > open air. Stomach sour. Burning like acidity. Heat; in epigastrium at night, with pain.

ABDOMEN.—Bloated and painful at 10 P. M.; bloated at midnight, so that it was difficult to walk or bend, and feeling as if bowels could be kept from passing out at anus only by keeping legs close together. Pain; all night, with several stools; pain and heat. Weak, sinking feeling (Gels., Phos.), Pain in left hypochondriac region with empty eructations. Pain in region

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of liver and kidneys, sick, sore, faint, almost amounting to faintness, with inability to walk in the street.

ANUS AND STOOL.—Piles, becoming worse as the rheumatic pains abated, with frequent inclination to stool, hardly anything but blood being passed. Urgent desire to stool; with loose stools at 6 and 7 A. M. Frequent loose stools. Stool with straining, and feeling as if large and indurated, though quite the reverse. Constipation,

URINARY ORGANS.—Bladder full, urging to urinate.

SEXUAL ORGANS.—Pain in testicles and back. Twitching in ovarian regions, extending to back. Darting pain in region of left ovary.

RESPIRATORY ORGANS.—Sudden hoarseness (Gels., Seneg.). Voice weak (Caust., Gels.). Raw feeling caused by cold air. Sensation as if breathing hot air. Breathing difficult.

CHEST.—Pricking pain in right. Pain just below heart, then crawling and eructations; pain in left lung; pain in base of both lungs through the day, with darting pains in limbs and ankles. Sore pains in lungs; in lower part of left lung, morning on waking. Burning through right chest.

PULSE.—Quick.

NECK AND BACK.—Pulling in muscles of neck beneath right angle of jaw. Back lame, and painful. Heavy pain in lumbar region at 5 P. M.; extending to testicles. Weakness of back, with ovarian pains.

EXTREMITIES.—Pain all day in shoulders, arms and hips; in arms, legs and feet on waking, > after motion, with lameness (Rhus t.). Sore feeling in all, morning on waking, mostly in joints. Joints sore and lame (Rhus t.). Joints stiff with prickling (Rhus t.). Prickling and burning in joints. Weakness of extremities; of arms and limbs, with numb feeling (Rhus t.); of legs, in evening, and painfulness and lameness of hands.

UPPER EXTREMITIES.—Pain in axillæ as if a sore were forming. Shoulders pain; pain from joint to elbows; *sharp pain* in left on waking; fugitive pain all night, preventing sleep; lameness and soreness, morning on waking.

—ARMS.—Pain above elbows; above right elbow in afternoon; above left elbow at 1 A. M. when rising. Sore pain above left elbow at 11 P. M. Arms feel as if tied to body. Lameness

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and aching on outer and under side, above left elbow, when riding; then lameness of arm all day. Lameness and weakness of right arm. Weakness.

—Pain in left elbow and right hand; in right elbow all forenoon. Hands sore and painful all day, with difficulty in handling everything. Lameness of right hand; left hand at 10 A. M., so that he could not sit still. Aching in first right finger, then in orther fingers of right and left hand. Numb sensation in fingers (Con., Phos., Sec. corn.).

LOWER EXTREMITIES.—Aching pain all day across hips. Pain in hips, severe in right hip and thigh. Lameness of hips and legs. Thighs lame and painful, with sore feeling, but they are not sore to touch.

—KNEES.—Pain; left; sore pain in evening, right, then left. Lameness and painfulness of right knee in morning. Lame, aching pain on inside of right knee, then on outside of left. Lameness of knees at 11 A. M. Weakness of right knee and ankle.

—LEGS.—Sudden pain. Pain in middle of left; then right tibia. Legs and feet lame and painful. Sore lameness in head of left fibula in evening. Ankles and legs so painful that he could not sit still at 10:30 A. M. (Rhus. t.). Pain in ankles and knees, with lame and painful feet. Aching pain in ankles and feet, especially outside of left ankle.

SKIN.—A large sore forms from a mere scratch. The old eruption feels sore, with violent pricking itching extending to head and arms. Itching of limbs; of a corn on second left toe.

SLEEP.—Yawning and eructations all day. Sleepiness all day. Sleep unrefreshing. Sleep restless; with springing up and constant jumping and thrashing of arms. Night restless, with heat and pain at epigastrium. Dreams frightful, and waking frightened and trembling.

FEVER.—Chilliness.

The *Homœopathic Physician* (March, 1886), quotes the following from the description of the hospital building of the Hahnemann Medical College of Philadelphia: "On the fourth floor will be the dissecting rooms, 34 x 40 feet, with abundance of side and sky light, with *large rooms for practical surgery and obstetrics.*" The same journal sententiously asks: "Are these death-traps due to ignorance or to carelessness?"

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OBSTETRICS, GYNÆCOLOGY, PÆDOLOGY

ONE OF THE FREAKS OF HYSTERIA.

We were called in consultation January 18th, 1885, to see Mrs. W., aet. 34, a widow, who was supposed to be suffering from an insuperable constipation. The patient insisted that there had been no fæcal evacuation since the first of the month, notwithstanding frequent enemata, in conjunction with the administration of large doses of castor oil, salts, and compound cathartic pills. A very offensive odor of breath and body certainly gave color to the doctor's grave apprehensions. There was some tympanitis, with great tenderness over the bowels.

Although there seemed not the slightest reason to question the patient's motives, she being a woman of average intelligence and thoroughly conscientious in ordinary matters, we suggested to the doctor the probability that it was a case of hysterical delusion, there being no objective symptoms of impaction. We advised a continuance of the saline cathartics and the close watching of the patient by the family. Three days later, the symptoms were thought more urgent, almost incredible quantities of medicine having been taken "without the slightest relief," and the friends insisting that deception was impossible.

To prove to the doctor that our impressions of hysteria were well grounded, we said to him in the patient's hearing, "that it was remarkable that no vomiting had occurred, and that it would probably soon make its appearance." Immediately she was so sick that it required nearly an hour to get her in a condition to give her chloroform for the purpose of operating on an anal fissure which we had discovered, and further demonstrating, by a thorough palpation, the impossibility of any impaction existing. After dividing the fissure we filled the colon with water, nearly three quarts being injected.

The doctor now being satisfied that there was no abnormal mass of any kind below the diaphragm at least, we allowed the anæsthetic to pass off, and went away, leaving the water in the colon, with the same instructions to the friends to watch results. Five days later the report was "that not even the enema had passed away," her physician meanwhile seeing her two or three

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times daily. We now assured the patient, in substance, th we understood her "little game" and refused to administer a more medicine. A few days later she reported "diarrhœa, b not a drop of urine for over a week." This was easily correct by the assurance that nothing would be done.

This patient was in good health, save the hysteria, and ea ing heartily all the time. The key to the whole situation w that the patient had become enamored of her doctor. We not believe that she would have willfully done a wrong practised a deception, but had her delusion taken another tur as it often does, the doctor's position might not have been fr from embarrassment. In cases of seduction or breech promise, we believe that courts ought to instruct the jury tha if the plaintiff was, in their opinion, thoroughly hysterical, the should require other evidence than the plaintiff's word, as co roborative testimony, before they found a verdict for her.—*E N. Baldwin, M. D., Formerly Lecturer on Obstetrics an Diseases of Women and Children, Homœopathic Departmen U. of M.*

NOTE.—The doctor has placed on record one more case, showi another phase of hysteria, which would have been confusing inde to one possessing less experience than he in this line of study. T undersigned has seen a case of anuria, where the patient would r peatedly bring all of the urine alleged to have been passed during t preceding seventy-two hours, in a two-ounce vial. The urine w eminently "hysterical," being pale and loaded with oxalates. All these symptoms at once passed away when the girl's parents becan reconciled to her affianced. Our neuro-pathologists certainly have grand field of investigation in their efforts to solve some of these ph nomena.

J. C. W.

Benson in *Ophthalmic Review*, (p. 265), considers that th results of modern research seem to point to the great nervou centers as the seat of the lesion which produces the paralyt sequelæ of diphtheria. As regards the nature of the lesion, h favors the view that it is the occurrence of small hæmorrhage

Somewhat confirmatory of this view is the observation b Nagel of slight optic neuritis, with grayish turbidity of th retina around the papilla, and hyperæmia of the blood-vessel following this disease in the pharynx. Function was onl slightly impaired, and recovery complete.—(*Archives of Op Vol. 14, Nos. 2 and 3.*)

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MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.*

Physiology in those days did not by any means occupy the position which it now holds, and pathological anatomy hardly existed; hence, we need not think it strange that at that time the symptoms of remedies obtained by provings were registered in all their nakedness, just as they were experienced, without critically analyzing them, a practice which recently, but without justice, has given rise to much unfavorable comment. At the same time it must be borne in mind that Hahnemann was fully persuaded that the firm establishment of his novel system depended wholly upon the complete overthrow of old methods, including the nomenclature of diseases, and, naturally enough, he took pains to avoid these in making the record of drug-symptoms. Another point of criticism, however, not so easily ignored, is this: that lack of clearness in the specification even of those symptoms which Hahnemann examined in the presence and with the assistance of the provers, and which could have been so easily improved. Thus, for instance, it would have been an easy matter to mention and describe an internal pain not only be stating its corresponding external location. bnt to specify also the internal organ corresponding to this location; to bring into the more prominence a rheumatic, gouty pain in the hip, thigh, forearm or arm, etc., by specifying the muscle in which it occurred; to describe more in detail and with greater exactness an occurring exanthem or an inflammatory affection, as perhaps in the eyes, and in the same manner to describe minutely all the metamorphoses characterizing the appearance of a rash, with its concomitant febrile movements, from the beginning until the integrity of the cutaneous system had been completely established, etc. These, of course, are reflections in which I did not indulge when I was an active member of the provers' association of those days, but since I early began to treat the sick in accordance with this method, I made them soon enough to realize the more keenly the insuffi-

* Translated by H. R. A. from Kleinert's History of Homœopathy.

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ciency of the pathogenetic symptoms whenever I took under my care a new patient; had we avoided this error in provings subsequently made, we would have taken an immense step in advance with our modern physiology, chemistry, means of physical diagnosis, our pathological anatomy and microscopical investigations, and we would have been saved the reprovings of many remedies. But the matter cannot be helped now, and it is useless to discuss it.

The provers' union of that day consisted of Stapf, Gross, Hornburg, Franz, Wislicenus, Teuthorn, Hermann, Rueckert, Langhammer, and myself (Franz Hartmann; Tr.). Of these, five are dead. (1850; the remainder have since then died; Tr.) Teuthorn and Hermann were not enthusiastic; after a time track was lost of them, at least so far as I am concerned, for in spite of careful enquiry I never heard their names mentioned in connection with homœopathy; hence, nothing further is to be said of them. The others, of whom some are dead, while some are still living, I remember with the more affection since we were intimately associated, if not almost forced to stick together, for other students avoided us as though we were pest-smitten. Under such circumstances it meant a great deal to remain faithful to teaching the practical value of which we, with our then limited knowledge, could not duly estimate, and which was so universally persecuted. But we sacrificed even more for the sake of this new method of healing by voluntarily and in our youth denying ourselves many a pleasure, many a treat, in order to redeem honestly and faithfully the promises which we made Hahnemann when commencing to institute provings,—sacrifices which later in life, and when convictions have become fixed, are infinitely less trying. Nothing but love for the cause and admiration for Hahnemann could reconcile us to these manifold acts of self-denial; and possibly we had even then some vague idea, strongly appealing to our ambition, that our provings might contribute somewhat toward the building of the grand foundation. Stapf was no longer at Leipzig, but occasionally came over from Naumburg, where he was living. His good-nature, which fairly beamed from his eyes, at once won him every heart; closer acquaintance with him soon proved that his acquirements were in every respect much superior to

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our own, although the Doctor's title had not long graced him; and instinctively we yielded him that respect which was due his scientific acquirements and his natural ability as physician. Intercourse with him was instructive in more than one respect, and he seemed hardly conscious of his towering above us; but this very modesty made him particularly dear to us. However profound his knowledge, and however cheerfully he shared it with us, it was a peculiarity of his temperament that he could not for any great length of time confine himself to one thing; and the quickness and the acuteness of his perception may have largely contributed to this. This *perpetuum mobile* formed a part of his individuality, but it never became annoying, for nothing of the slightest interest escaped him, and the very lightness with which he touched everything, the rapidity with which he moved from one thing to the other, aroused the more profound effort to comprehend him, and hence produced a permanent impression. Thus deep scientific matters were discussed amid laughter and jest, enlivening dry discussion with a joke or a story, without ever losing sight of the more serious part of the conversation. But enough of Stapf, whom I did not personally know until a few years later, at which time I had occasion to confirm the above, gleaned chiefly from Hornburg. I am under great obligations to Stapf, but I do not think he'd thank me were I to go on, during his life-time, as I have begun here; since those times he has become personally known to many homœopathic physicians; others have made his acquaintance as editor of the *Archiv. fuer hom. Heilkunst*, and they can easily supply whatever words of praise I leave unspoken.

GROSS was a good friend to us all, and to me he was a dear friend to the day of his much too early death. Although modest and retired, it was not natural for us, then in the full flush of youth, to form at once a warm attachment for this, by nature serious, man, who seemed almost cold and non-communicative; it was only after prolonged intercourse that I learned that Gross could be not only cheerful, but a truly sympathetic friend. Although at the University one year longer than myself, he had known Hahnemann only a trifle longer. When I first saw him at Hahnemann's house, I thought he was a patient who proposed to take homœopathic treatment, for his appearance, the yellow-

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ish-green color of his countenance, its puffiness, and his unwillingness to take part in the conversation, all these seemed to indicate a poor state of health. He left before I did, and Hahnemann then told me that Gross was a warm homœopath, and that he (Hahnemann) expected to find in him one of his abler disciples, recommending me warmly to seek his acquaintance; I acted upon this suggestion, and never had occasion to regret it. One had to wholly ignore his exterior—for that never gained him a friend,—and to get at, and cling to, the inner man; by so doing, his genial nature, his kindly qualities stood out boldly, and it became impossible for an estrangement to occur save as the result of one's own ill-nature, stubbornness, or misapprehension of his kindliness. Time has shown that Hahnemann had good reason for considering him one of his ablest pupils, for throughout his long career Gross was the most uncompromising homœopath who could be found, never swerving from the straight line, faithfully defending the cardinal points of Hahnemann's doctrine, and ever subjecting his own opinions, when differing from those of the master, to the dictum of Hahnemann. He practiced this devotion and submission to Hahnemann until the many attacks made upon him by younger colleagues who differed from him, and the annoyances which arose therefrom, led him to change his mind and to advocate his own views as openly as the master proclaimed his. This brought him into many an unpleasant conflict, and he seemed often to ride two horses, pleasing neither party; in spite of this, he was, and continued to be, the most earnest homœopath, and did everything in his power to promote the triumph of the new system. In spite of his appearance of ill health, Gross, at the time when I first became acquainted with him, never complained, and hence Hahnemann never hesitated to utilize him in making provings, even hoping that Gross might derive some advantage from it; on this account he always attempted to select drugs which, he fancied, might favorably affect the organs which seemed involved and the symptoms resulting from it. Gross was one of our most skillful provers, and the symptoms observed by him have a great practical value; in fact, I consider his, and those of Franz and Stapf, of equal value to those of Hahnemann.

FRANZ was an intellectually highly gifted man; he suffered

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much, for several years, from ill health, which was the cause of his early death; at the time when I made his acquaintance he was Hahnemann's right-hand man. He entered the University, as a theological student, a year before I did; he was at the time a good deal of an invalid, the result of a suppressed eruption, and a year's continuous treatment without any improvement in health led him to the conclusion to stop doing anything. With his firmness of character he would in all probability have carried out this intention, if some acquaintance of his, a student of medicine, had not called his attention to Hahnemann and his method of cure. He concluded to consult Hahnemann, and not only was cured by him, but his conversation concerning medicine in general, and especially the clear, intelligent and common-sense presentation of his plain doctrine, created in Franz a desire quite the reverse of that with which he had left the parental roof; as the students put it, "he changed the saddle," became a "medic," and was soon established as Hahnemann's amanuensis and right-hand man. Doubtless, few others have shown Franz's perseverance. As is well known, Hahnemann by this time had ceased to visit patients; they all came to his home, and those who could not come sent some friend to report for them; hence Hahnemann needed no assistant, and Franz would have been useless to him had he not employed him in doing purely technical and mechanical labor. He was a good botanist; at least, he knew all the medicinal plants and where to find them; he had spent much time trying to determine in what particular soil each species grew; this settled, he never rested until he had found the plant under all the conditions, etc., known to him. Once within the house of Hahnemann, no time was lost in preparing it, as fresh as possible, for medicinal purposes; both men worked into each other's hands; neither of them was ashamed of the humblest labor necessary, and their chemical laboratory was a sacred spot from which to drive them was about as difficult a task as it is to drive a fox from his den. Besides this technical labor, there was a twofold mechanical labor which I did not envy him; in fact, I would have preferred to dig potatoes. First, there was the arranging of symptoms into Hahnemann's schema, a daily task, to avoid the accumulation of the constantly incoming material furnished by the prov-

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ers; secondly, the often frequently repeated copying of each individual symptom, so as to paste it here and there in alphabetical order. This was his daily task, and he never grew weary of discharging it with ever increasing zeal, hoping by this means and by his constant good nature to win the love and respect of Hahnemann and his family. This might create the impression that Franz must have become a veritable machine. By no means! A man of his exalted conception of duty, from love and veneration for so excellent a teacher could devote himself to such purely mechanical work, but it would have only been possible for one little acquainted with Franz's inner nature and character to so seriously misunderstand his position as to think him unfit for something higher. On the contrary, he belonged to those most active to labor for the spread of homœopathy, and after the cure of his own ailments he joined the provers' union with the most earnest interest in this important work, and enriched the homœopathic materia medica not only at that time, but later, after reaching a condition of independence, making provings which were noted for their breadth, accuracy, and self-denial.

WISLICENUS, who is still living at Eisenach, also belonged to this provers' union. His reserved manners and his quiet, pleasant ways drew me the closer to him because my disposition was cheerful but rather diffident, and thus his appearance attracted me; we also heard nearly the same lectures, and becoming gradually more and more intimate, at last studied together a considerable. We also worked together quite a good deal in our provings, helping each other in finding the most expressive terms for the sensations experienced, in watching each other for appreciable changes in our exterior, mental condition, or bodily surface. Often enough we had any amount of anxiety concerning the drug-symptoms which we observed on ourselves, which not unfrequently led us to make the next drug-proving with smaller doses, as Hahnemann had directed us to do because he always seemed to suspect the possibility that the symptoms which gave us so much uneasiness might be less the effect of a remedy than the manifestation of a disease-condition.

RUECKERT, now also gone home, was an original fellow,

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unstable in all he undertook, impatient, without perseverance, and yet exceedingly well-informed; he seemed to move on the surface of everything, and never attained solidity in any one branch of science because it seemed easier for him to overcome the greater difficulties which are met in all the foundation-studies than those smaller obstacles which arise later. If we remember the "wavering" which showed itself all through life, and which he might have mastered if his earlier years had been passed under the influence of a serious and firm character, his manifold yet never profound knowledge becomes intelligible. In spite of this instability one could not help but like him,—the effect of his engaging manners, his often brilliant wit, and his readiness to oblige. On the other hand, it was difficult to gain his real friendship, because he possessed a peculiar distrust of others of which he could not rid himself even though fully convinced of its unreasonableness. He was a sort of necromancer, busying himself with supernatural things, and frequently sitting for hours at a time lost in brown study; it was as easy for him to fall back into the traces of every-day life, only, however, to forget soon his good resolutions, to turn from the task scarcely begun, and to hunt a new phantom. This was the case with his drug-provings; the materia medica pura owes him but little, and the symptoms marked "Ruckert" do not belong to him, but to a namesake whom I barely recall.

I must add a few words concerning LANGHAMMER, who also died a few years ago. I would prefer to pass him in silence, if I could do so without rendering my sketch incomplete; but the frequent mention of his name by Hahnemann necessitates my speaking of him. He was a small, somewhat ill-shaped man, and this defect of body seemed to be reflected in his mind. Ten years my senior, this dwarfed mental condition could only be accounted for by an unwillingness to make the necessary exertion, lack of diligence, the cherishing of barren ideas and speculations, and a fondness for the *far niente*—characteristics which he could not master even at the university, which, however, were brought into prominence by his poverty. At heart he was a good fellow, but timid, diffident, suspecting—all this largely because he was conscious of his intellectual weakness. It may create surprise why I describe so painstak-

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ingly the faults of Langhammer, but I am talking about the first provers' union and the result of their work as shown in the provings. The symptoms of each prover partake more or less of his individuality; a man's individuality, however, does not wholly depend upon his natural temperament or gifts, but is also a true mirror of the passions, habits, etc., which affect not only his acts, but his sensations, expressions and the functional activity of his organism. This was the case with Langhammer; he was already in the meridian of life, and in spite of his decided inclination to indolence he was obliged to speculate, even if only to kill time; what should afford him better speculation than his future? He could not face it hopefully, for there was in it nothing assuring so long as the mind could not conquer the body; and this is what oppressed him, made him sour, dissatisfied and gloomy, and allowed him only to be cheerful if a jolly crowd succeeded in pulling him out of his rut. If he did not live in a world of dreary imaginings, he was contemplating a *fata morgana*, scenes of voluptuousness which threw him into a state of sensual ecstacy which hovered over his bed at night. This state of affairs explains the mental symptoms furnished by Langhammer, as well as those occurring in the sexual sphere, and the peculiar correspondence of the same occurring in the different remedies of which he made provings. His other symptoms have scarcely any particular value; owing to a lack of exactness in the description of his sensations and of clear, precise language, Hahnemann was usually obliged to name for him appropriate terms, of which he then made his selection.

[TO BE CONTINUED.]

Jaquirity? Recent reports by Andrews, Rampoldi, Schellin, Vroitzky, Ficano, Gossetti and Gotti, on the use of this remedy in trachoma and pannus, are all confirmatory of its great usefulness in these diseases. There can no longer be any doubt that this remedy will retain its place in ophthalmic therapeutics; certainly, until a better is found. Judgment must, however, be exercised in the selection of cases. McG.

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STRAWS.

STRETCHING SPHINCTER FOR PILES, FISSURE AND FISTULÆ.

Piles, supposing them to be the cause of the irritation, are perpetually tending to protrusion, and are ceaselessly warring with the muscle; from time to time, when the fæces are passed, the piles are protruded with them, remaining after defecation in the grasp of the sphincter; they are crushed and bruised, and become inflamed and painful; and, even, though they be released from their imprisonment, as they usually are, by the patient, and are returned into the bowel, it is only to continue there the war and prolong the agony. Or, suppose that a painful ulcer or fissure exists within the margin of the anus (and immediately within the anus is their most common seat), what will be the state of affairs? The discharge from an ulcer or from fissures cannot get away, the sphincter will not permit it to do so; it accumulates and irritates the muscle, this retaliates by increased contraction, and thus the war goes on, to the infinite disadvantage of both parties concerned; the ulcer spreads, the fissure deepens, and the sphincter hypertrophies.

Sometimes, in the case of fistulæ, matters do not become quite so accentuated or acute, for the matter finds a vent in the perinæum, beyond the range of the action of the sphincter, and the direct irritation of the muscle is so much the less; but in one and all these cases alike, you will have been, or you will be, taught, and every text-book you read will reiterate the fact, that, for their cure, you may do whatever you will, but you will not succeed until you have put the sphincter at rest, and you are invariably assured that its division with the knife is the only way to do it.

Now, this is the point which we in Leeds contest. We assert, and we assert it upon abundant practical experience, that careful, deliberate and efficient stretching will do all that incision will do, and, doing it without causing any external wound, subject the patient to far less risk than is possible by incision. Some of you may smile at the idea of there being any risk in so simple an operation as division of the sphincter, but there

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are such things as accidents; Sir James Paget has most appropriately termed them "catastrophies of surgery," which ought never to be forgotten and should be avoided, where possible, by any amount of foresight on the part of the surgeon. One such, in connection with the subject under consideration, happened to me in my early days; and so profound was the impression it made upon me, that to forget it even now is quite impossible. For a painful fissure of the anus, I passed a bistoury along its track, divided its indurated base, and, with that, the resisting sphincter underlying it; but in less than a week my patient, the father of a young family, was dead, having very speedily after the operation been attacked with acute and fatal septicæmia. By stretching in preference to cutting, we have it in our power to avoid this risk, at any rate; and, in my experience, the best method of doing it, where possible, is with the fingers, or, if need be, the thumbs alone. Let the patient be placed fully under the influence of ether, and then, according to the amount of hypertrophy or the degree of resistance in the sphincter, dilate it steadily, either with the fingers or with some appropriate instrument, until you have overcome all undue resistance, and can leave the anus soft, patulous, and free from irritable tension.

I have heard the question carefully discussed as to whether the digital or the instrumental method of dilatation is the best. Personally, I prefer the digital, my object being to tear so much of the muscle across (the mucous membrane over it remaining intact) as shall be sufficient to diminish, without destroying, its whole power. I can, when my fingers are the instrument used, feel with them when I have done what I wish, and I need do no more. But so great is the hypertrophy, sometimes, that the fingers, even of the strongest hands, are quite inadequate to the task of overcoming it. In such cases I usually dilate steadily first with the instrument I show you, till I can withdraw it (wide open) with freedom and without resistance; or, with a tenotomy knife, I divide subcutaneously a given proportion of the hypertrophied muscle; and after that I carry on, where it is necessary, and further dilatation with my fingers.—Dr. Wheelhouse in *British Medical Journal.*

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CHAT ABOUT BOOKS.

CHART OF FEVERS—Differential diagnosis of exanthematic, continued and periodic fevers. Arranged from Prof. T. S. Hoyne's lectures by J. P. Hough. Published by Duncan Bros., 56 State street, Chicago.

CHART FOR URINALYSIS—Duncan Bros., 56 State street, Chicago.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE.—By A. E. Small, A. M., M. D., Chicago. Duncan Bros., 1886.

The author says in his preface that "in offering to the profession and students of medicince the practical results of over forty years of experience and observation, it has been the author's effort to state in plain language the result of his observations of the practical advantages of Homœopathic therapeutics, covering a period of active and extensive practice [in the past.]" "There has been no haste in gathering these into one volume, for the labor of preparing them has not been recent, with many parts of the work, which have been in course of preparation in the midst of arduous labors for several years."

"It has been the purpose of the author to avoid needless technicalities and synonyms as headings to the various subjects treated of, inasmuch as the plainest description of the phenomena attendant on diseased conditions furnishes a much better guide to the practitioner in deciding upon measures for affording relief than the mere classification of diseases according to the dictation of the most eminent nosologists. The day for treating diseases by their names has long since gone by."

"The grand proposition, *Similia Similibus Curantur*, he has regarded the corner stone of *therapeutics*. In the treatment of quite a number of diseases, a brief statement of Allopathic treatment has been given, in order that its objectionable features may be seen in contrast with the Homœopathic treatment which immediately follows. He has not uniformly given the outline of Allopathic treatment in all diseases, but whenever he has, it has been either for the purpose of exhibiting its injurious tendency or insufficiency in producing a speedy cure, while the Homœopathic treatment, which is given more elaborately in striking contrast, promotes a more rapid return to health, without the entailed prostration and debility produced by Allopathic drugs."

"He has given but little attention to the theories and

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practice of treating bacterial diseases, or those supposed to arise altogether from infusorial agents, spores, fungi, fibrous or other microscopic discoveries in the air or water, for as yet he has found nothing in them superior to the symptoms as a guide to therapeutic measures."

Both the high and low potencies are recommended, but he states that in his own practice "he has relied in most cases on the 3d trit. or 3d dil."

The author then proceeds to give an account of his study and graduation in an Allopathic school and of his subsequent practice in the methods taught there. He became dissatisfied with them, however, and soon after embraced Homœopathy. Then follow successively:

"(1) A general view of health and disease.

(2) Nature and division of the causes of disease—etiology.

(3) Observations on diet, clothing and exercise.

(4) Observations on ablutions, baths, including the use of water as a therapeutic agent.

(5) Influence of occupation and sedentary habits and study.

(6) The signs of health, and how to notice any departure from the standard.

(7) A general view of the structure of the human body.

(8) A general view of physiology.

(9) Materia Medica and therapeutics.

(10) Special diseases and therapeutics."

This last is the opening chapter of the body of the work, comprising over forty chapters and 641 pages.

A peculiar feature of the work is that in almost every case both the Allopathic and the Homœopathic treatment is given. This the author informs us is "in order that its objectionable features may be seen in contrast with the Homœopathic treatment which immediately follows." Readers will naturally be led to wonder why it was found to be necessary or desirable to occupy so much space with that which the author claims to be objectionable, injurious, and "insufficient in producing a speedy cure," instead of devoting it to still "more elaborately defining the Homœopathic treatment" which "promotes a more rapid return to health, without the entailed prostration and debility produced by Allopathic drugs," inasmuch as the

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author has not stated any intention of making the book an essay on the various methods of treatment now in vogue; and inasmuch as Homœopathic practitioners, for whom it was ostensibly written, have abundant opportunity for witnessing not only the utility, but the humanity of our law of cure in contrast with old-school therapeutics in their daily rounds, it would seem to a casual observer that that feature might well have been omitted. If Allopathy possesses anything worth our commendation or from which we may learn useful lessons, that would appear to be the only thing deserving a place in a Homœopathic text book.

On page 215 in the article on invermination, we find this: "the conclusion that worms originate within the human body appears to us to be the most rational." And on page 216, "Homœopathic treatment in general requires the administration of remedies according to the manifest symptoms; even the manifest presence of worms must be regarded as a symptom of intesinal disease." Scabies also is attributed to constitutional dyscrasia. "Remedial measures which will always change the condition of the nutritive system, and thus prevent the unhealthy process which developes the acarus, must be essential to this disorder. * * * The rightly selected remedy, administered at proper intervals, is likely to change the condition of the system and establish a healthy recuperative action which will cut off the sources of the eruption, and the effect seen upon the surface must therefore cease."

A lengthy treatise of nearly 18 pages is devoted to cholera, and among others the following principles are commended "as the safest to observe when a threatened epidemic of cholera is at hand." "Avoid excesses of every kind—attend calmly to the duties of life, cherish a love of usefulness toward mankind, trust in Divine Providence, and keep the conscience clear."

Forty-four pages in all is given to the consideration of pneumonia, seven to diseases of the teeth, and six to hydrophobia, while cardiac diseases, numerous and important as they are, receive only ten pages.

Probably one of the best features of the whole work is to be found in the last chapter, comprising one hundred pages, devoted to "Clinical notes and observations." It is made up of

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practical hints and suggestions of unquestionable value and interest to both student and practitioner.

The author's experience has doubtless been wide and varied, and his own individual opinions are given apparently without stint or hesitation. D. McL.

SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

BUREAU OF SURGERY, 1886.—The special subject selected for consideration and discussion this year at the Saratoga meeting of the Institute is Inguinal and Femoral Hernia.

It is hoped that by the efforts of the members of the Bureau, together with the assistance of all members of the Institute who have had any experience with these forms of hernia, a valuable monograph on this subject will be prepared.

The report of special cases, methods of operating, improved surgical apparatus, treatment, either surgical or medical, radical or palliative, and especially the action of homœopathic remedies in cases of hernia, will be of great importance.

Although the special subject of the Bureau is limited to Inguinal and Femoral Hernia, yet communications of surgical value and importance are solicited for presentation to the Institute. These may be addressed to the Chairman or any member of the Bureau, at any time previous to June 15, 1886.

I. T. TALBOT, M. D., Chairman 66 Marlborough St., Boston, Mass.
W. L. JACKSON, M. D, Sec'y---84 Dudley St., Roxbury, Mass.
WM. TOD HELMUTH, M. D-----299 Madison Ave., New York, N. Y.
GEO. A. HALL, M. D----------2400 Prairie Ave., Chicago, Ill.
J. H. MCCLELLAND, M. D------411 Penn Ave., Pittsburg, Pa.
J. E. JAMES, M. D----------Cor. Tenth and Green Sts., Phila., Pa.
H. L. OBETZ, M. D----------Ann Arbor, Mich.
S. B. PARSONS, M. D----------1226 Washington Ave., St. Louis, Mo.
M. O. TERRY, M. D----------196 Genesee St., Utica, N. Y.
C. E. WALTON, M. D----------Hamilton, Ont.

IN MEMORIAM.

At a meeting of the homœopathic physicians of Detroit, held at the office of Drs. McGuire and Sterling, 35 Lafayette avenue, to take suitable action on the demise of Dr. Woodruff, Dr. E. P. Gaylard was

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called to the chair, and, on motion, Dr. H. H. Crippen was appointed secretary.

After the chairman had called the meeting to order, Dr. Bailey arose and in a brief eulogistic speech stated the object of the meeting. He then offered a motion that "We, as homœopathic physicians of Detroit, attend the funeral of Dr. F. Woodruff in a body, and escort his remains to the depot."

Dr. R. C. Olin presented a motion that "a committee of three be appointed by the chairman to draft a series of resolutions with regard to the death of Dr. Woodruff." The motion was carried, and the chair appointed as said committee Drs. W. M. Bailey, C. C. Miller and F. X. Spranger. The committee then drafted the following resolutions:

One by one the sturdy oaks fall, and on the 13th of April Dr. F. Woodruff, one of the pioneers of the homœopathic school in Michigan, laid aside his medicine case and answered the call of the last messenger, death.

Resolved, That we hereby testify our appreciation of the strong will and devotion to principle which enabled him to continue steadfast in advocating and practicing what he believed to be the true and best method of healing the sick at a time when to be known as a homœopath, was to be denounced as a quack, scoffed at, and ridiculed by physicians of the other school.

Resolved, That we extend to the family of the deceased our sincere sympathy in their bereavement, and may an allwise Providence give them fortitude to bear their affliction.

W. M. BAILEY,
F. X. SPRANGER,
C. C. MILLER,
} Committee.

MEMORANDA.

Dr. John K. Lee, of Philadelphia, has been appointed a member of the State Board of Public Charities of Pennsylvania.

Prof. R. Ludlam, of Chicago, has removed his consulting rooms and residence from 526 Wabash Avenue to 1823 Michigan Avenue.

We are glad to be able to announce that with an early issue of the JOURNAL a complete index to Vol. X. will be mailed to each of our subscribers for '85.

Dr. T. C. Duncan, for twenty years editor of the *U. S. Medical Investigator*, has resigned in order to accept the position of Medical Director of the Homœopathic Aid Society.

Dr. A. B. Spinney, who is about to open a sanitarium at Alma, Gratiot Co., Mich., desires to engage the services of a young physician (homœopathic) who will act as his clerk and assistant.

The pathogenesy of Abrotanum, which appears in this number of the COUNSELOR, is taken from the forthcoming work on Materia Medica, by Dr. T. F. Allen, of New York.

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Bellevue Hospital Medical College this year graduated a class of one hundred and thirty-nine.

We notice by an East Saginaw paper of recent date that Drs. Farnsworth, of that city, whose advertisement appears elsewhere in this journal, have removed into new and more commodious quarters. We are glad to notice this evidence of prosperity. They sell only to physicians, and keep on hand a full stock of physicians' supplies. Read their advertisement in this issue.

Our colleague, Dr. J. C. Wood, mourns the loss of his father, who died, at the residence of Dr. Wood, on April 28th, 1886, in the 77th year of his life. Mr. Wood was a man of more than usual ability, was very early in life closely identified with some of the most important railroad ventures, and in public life filled many places of trust. He was a kind and devoted father, and will be missed by those who knew him well.

In a recent number of the *Chicago Tribune*, a Mr. Wm. H. Reed describes as follows a method of treating persons bitten by presumably rabid dogs which has off and on been vaunted as very reliable. "Having read in your valuable paper of a recent date of a number of persons having been bitten by a rabid dog, and knowing the anxiety of mind caused these persons and their families of what horrible deaths may be awaiting them in their near future, I wish in the cause of humanity you would publish it. I have known of 50 cases of persons being bitten by rabid dogs in Montgomery county, Pa., in the past twenty years, and not a single death resulted where this remedy was used according to directions, while those who refused to take it, and had a "regular" attend them, invariably died with the rabies. I have known of cases where two persons were both bitten at the same time, one took the remedy and never suffered any ill effects from the bite, while the other died with the rabies in nine weeks after being bitten. I would earnestly request all your half-million readers to cut this out and preserve it, for there is no telling when they will badly need it. Take 1½ ounces of elecampano root, grind it fine (a coffee mill will do) put the ground root in a pint of new milk, boil down to a half pint, take it at one dose in the morning, and fast till say 4 p. m. of the same day. Repeat this every other day for three days, making three doses in all. The last two doses may consist of two ounces of the root to the pint of milk. It is important that it be taken on an empty stomach, also that nothing should be eaten till from eight to ten hours after taking. I would also state for general information in regard to the cure that the remedy cay be taken at any time. Most of those bitten took it immediately after being bitten. Others took it weeks after, and still others not till the rabies were present. In every case where a patient was able to swallow a cure was effected."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."
The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.
Subscription Price, Three Dollars a Year.

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MATERIA MEDICA AND THERAPEUTICS

THOUGHTS ON MATERIA MEDICA, SUGGESTED BY WORK ON THE CYCLOPÆDIA OF DRUG PATHOGENESY.

The investigation of the actions of medicines on the healthy human body is beyond all doubt the most important work for the perfecting of homœopathic therapeutics. When Hahnemann became convinced of the truth of the homœopathic rule he at once saw that it could not be applied in practice unless the positive effects of a considerable number of drugs were known. In 1796, when as yet he imagined that the homœopathic rule was only applicable to chronic diseases, he held that medicines must be tested on the healthy human organism in order to discover remedies for these diseases. In the article written in that year—*Suggestions for Ascertaining the Curative Powers of Drugs*—we see that he had already made a few trials of medicines on himself, but he seems to have thought that he could gain a useful amount of pathogenetic material from the records of poisonings and overdoses of drugs scattered throughout medical literature, many of which he collects in this essay. But it is evident that he soon became convinced of the insufficiency of this source, and with an energy and self-sacrifice that command our admiration, he set himself to prove medicines on himself and the members of his own family; for as yet he had no disciples; and the results of these provings he published in 1805 in two volumes—his well-known *Fragmenta*—the title of which shows his consciousness of their imperfect character. After this he preserved for five more years in his

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solitary provings, so that in 1810, he published his *Organon*, containing a full exposition of his doctrine; he was able to offer the following year some of the more extended and elaborate provings he had made, in the first volume of the *Materia Medica Pura*. The necessity for haste in the production of the material from which alone the homœopathic therapeutic rule could obtain a practical application, is, I think, chiefly to blame for the faulty character of the manner in which this material was first presented to the medical world. To himself, who had tested the drugs and had thereby become perfectly conversant with the manner in which their pathogenetic effects had been developed, the schema in which he arranged the observed symptoms would suffice to remind him of the true character of the artificial diseases produced by the various drugs. But to one who has not tested the medicines on his own person, or on subjects immediately under his eye, the severance of the symptoms from their natural connection, as we see in the Hahnemannic schema, is fatal to the endeavour to ascertain the true inter-depedencies and sequential order of these artificial diseases. That Hahnemann, in his subsequent volumes of *Materia Medica*, when he was aided by many willing disciples, should have still adhered to his original method of presenting the symptoms ascertained by proving, is not to be wondered at, for he had found it to answer very well at first and he would naturally be unwilling to introduce a change. But that many subsequent provers, who were daily adding to the number of drugs tested on the healthy human being, should have slavishly stuck to the Hahnemannic form of presenting the symptoms speaks more for their loyalty to the master than for their intelligence. Another characteristic of Hahnemann's provings is, that though in the pathogeneses of most of his medicines a considerable number of symptoms is said to be from himself, it is evident from internal evidence that they were observed in different persons, though this is nowhere stated, and no distinguishing sign is applied to the symptoms to show that they are derived from different subjects. We see that this is so by the fact that some of the symptoms are ascribed to a male, some to a female, or even a child. Consequently we cannot, by collecting together all the symptoms of a medicine proved by

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Hahnemann, form any connected history of a medicinal disease even in those cases where the period at which the symptoms occurred is stated. This bad plan has been adopted by many of Hahnemann's fellow-provers, more especially by Stapf, Gross and others, who jumble together the symptoms observed by them on themselves, and on several men. women and children. This seriously detracts from the value of the provings, for it is impossible to unravel from them the history of the medicinal diseases they produced in different subjects. Nor, with very rare exceptions, are the doses that were employed in the provings mentioned. In some of the earlier provings of other observers the names and qualities of the persons who took part in them are given, and even the doses they took are stated, but in the schema no indication is given whereby we can distinguish by whom the different symptoms were observed.

Later provers have generally avoided this serious defect in their records of their provings. The Austrian Society is distinguished meritoriously by the care they have taken to give the provings of each worker separately, indicating the doses taken, the period after the ingestion of the drug when each symptom occurred—in short, the full and accurate history of the medicinal diseases developed in each. In fact, the Austrian provings are models of what provings ought to be, and since they were published most provers in other countries have imitated them more or less exactly.

The provings of Jörg, who was a declared opponent of homœopathy, and seems to have uudertaken his laborious task principally with the view of demonstrating the fallacy of Hahnemann's therapeutic rule, are also models of carefulness, accuracy and precision. Far from proving the fallacy of homœopathy, they have been of immense value to our Materia Medica, and I· am not aware that they have met with the slightest attention from the school to which Jörg belonged.

British homœopathists have contributed few provings, but as a rule these few will bear comparison with the best that have been made in other countries. I need only mention the *kali bichromicum* of Drysdale, the *naja tripudians* of Russell, the *crotalus horridus* of Hayward, and the *uranium nitricum* of Blake, which are all excellent examples of useful and well

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proved medicines, presented in a way that renders it easy to the reader to acquire a thorough knowledge of their physiological effects and therapeutic uses.

As a rule, the provings of our American colleagues have been conducted in a scientific manner, and are fully up to the mark required by the student and practitioner, though this praise cannot be accorded to all the provings we have received from beyond the Atlantic. Thus the Brazilian provings of Dr. Mure are objectionable on several accounts. Some of the substances taken for experimentation do not appear to belong to the class of medicaments at all, such as *pediculus capitis*, the skin of a deer and of a dolphin, guano and diseased potato. Then the dose given is scarcely ever stated, and as regards many medicine we are not even informed by whom the proving was made. This is the more regrettable, for some of the drugs proved by Dr. Mure and his friends seem to be of a very potent kind and worthy of careful investigation as to their effects.

Nor can we admit that it was a "happy thought" of Dr. Reisig to infer poisonous qualities in high potencies of substances which are commonly used as articles of ordinary diet. This fad has given us provings of skim milk, white sugar, sugar of milk, and bitch's and cat's milk. Such provings receive no countenance from Hahnemann, who says (*Organon* § 122): "No other medicines should be employed [for proving purposes] except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured." It may be said that some of his so-called anti-psoric remedies, such as *silica*, *sepia*, *calcarea*, *lycopodium*, *graphites* and the *carbos*, do not fulfil these requirements; still, with the exception perhaps of *silica*, they had all been occasionally employed for medicinal purposes, and even *silica* was a component part of many mineral waters whose therapeutic virtues might partly be attributed to its presence in them.

The editors of the *Journal of the Berlin Homœopathic Society* do not seem to share my opinion with regard to the unsuitable character of such substances for provings, for in the last number of their periodical they have given a full translation of Swan's proving of *lac caninum* with all its wonderful

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symptoms said to be caused by a few doses of dilutions from the 30th up to the 500.000th. The editors of the *Cyclopœdia* will, of course, reject all so-called provings of this character. I may mention that the Materia Medica department of the *Berlin Journal* does not seem to be conducted with the same judgment and discernment that characterize some of its other portions.

Some medicines whose therapeutic value we acknowledge in our daily practice have assuredly not obtained their actual high place in our estimation by the recorded provings of them by members of our school. Such a medicine is *berberis*, of which we possess a proving by Dr. Hess (in the *Journal für Hom. Arzneimittellehre*, vol 1, pt. 1,) the schema of which occupies 90 pages, comprising 1,212 symptoms. This is about as bad a proving as can be found. Hesse tells us that the provers were himself and four others, and that they took at short intervals two or three pretty large doses of the drug. He does not give the day books of the provers, but only records the symptoms in schema form, without any indication whatever of the provers to whom the symptom recorded belong, and he gives hundreds of symptoms—many of the most trivial and commonplace character—which he tells us occurred weeks and months after the medicine had been taken; sometimes, indeed, as long as nine months after taking the drug.

Rubini's proving of *cactus* has all the faults we have attributed to Hesse's proving of *berberis*. The provers were himself and his wife, but he does not distinguish the symptoms that belong to each, nor does he mention what doses were used or when they were taken. Moreover, the symptoms of cases treated with the medicine are mixed up with those derived from his provings without any distinctive sign. Under these circumstances it is astonishing that we have gained any accurate knowledge of the pathogenetic effects and therapeutic powers of the drug, and I have no doubt many of my hearers, like myself, have been disappointed with its effects in practice, which do not always correspond with the expectations raised by the enthusiastic recommendations of its introducer.

Nunnez's proving of *tarantula* was made chiefly with globules of the 6th to 12th dil. One very impressionable woman

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took the third trit. One prover, Dr. Tejidor, proved the 12th and 200th, but was obliged to leave off the latter as the effects were so violent. The symptoms in the volume are all huddled together, without indicating time of occurrence or dose; in short, it is a proving that is hardly admissible into a work like the *Cyclopædia.*

The height of grotesqueness in the matter of provings was reached by Wolf, of Berlin, who proved *thuja* by giving to about 100 persons one globule of the thousandth dilution, and recording all that happened to these persons for months and years afterwards, a violent attack of confluent small-pox occurring many months after the taking of this powerful dose being calmly attributed to the action of the globule. Houat's volume of provings deserves to be classed with this one of Wolf. But recently we have, in the *Allg. Hom. Zeitung*, the climax of absurd provings furnished by Buchmann, who gravely records the effects caused on sensitive subjects by merely holding in their hands a well-corked bottle of some highly potentized drug. A parallel to such provings is shown in the experiments lately recorded in French periodicals, where the specific effects of various drugs were elicited in hysterical subjects by holding the medicine, wrapped up in paper, at some distance behind the subject's head. These effects are vouched for by the high authority of the celebrated Professor Charcot, but notwithstanding this, we must refuse to all such transcendental pathogeneses admission into our *Cyclopædia.*

The industrious symptom-manufacturer, Nenning, was too much even for Hahnemann, who does not always display sufficient caution in accepting as the genuine effects of medicines the symptoms furnished to him by some of his disciples. Among his most prolific symptom-providers, Langhammer is conspicuously untrustworthy. The provings of this gentleman have been severely criticized by the late Dr. David Roth, and, indeed, a very superficial inspection of them will show that they are remarkably alike whatever medicine he was engaged in examining. Contributions from such unscientific and incompetent observers serve only to overload our Materia Medica with a mass of worthless symptoms, which we can hardly get rid of, since they have been accepted by Hahnemann and

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incorporated with the better provings of the *Materia Medica Pura.*

Among the most diligent and industrious of provers in recent times must be reckoned Dr. James Lembke, of Riga, who has proved a large number of drugs upon himself and carefully and conscientiously recorded their effects, giving us his daily —I may almost say his hourly—diary of the symptoms he observed. But, as with most voluminous provers, the amount of trivial and commonplace symptoms is greatly in excess of the characteristic specific effects of the drugs he proved, and it must be confessed that his provings are generally very uninteresting, not to say wearisom, and might well bear considerable condensation. Dr. Hencke, also of Riga, is an almost equally zealous and faithful prover. On the whole, Riga seems to be favorable to the production of provers. Besides experiments made with drugs upon themselves, or persons under their observation, by partisans of the old school, we find some invaluable material for our purpose in the recorded effects of large doses of drugs given to patients for diseases of a fixed and determined character. As an example I may point to Foster's large doses of *lactic acid* given to diabetic patients, on whom the drug produced exquisite pictures of arthritic rheumatism or gout, which marks this substance as a valuable remedy for that disease.

(By R. E. DUDGEON, M. D. *in Monthly Homœopathic Review, May 1886.*)

ACTION OF ARSENIC IN MINERAL WATERS.

Dr. Jacobs, of Cudowa, shows that Arsenic, as well as Arsenious acid, is of great benefit in neuralgia, in several spasmodic affections, as chorea, in intermittent fevers, in certain skin diseases, and above all one of the best remedies in overcoming anæmia. In natural mineral waters Arsenicum, according to the most exact analysis, appears most frequently as arsenious acid, H3 As O3. Whereas Husemann recommends this on account of its less poisonous qualities, Jacobs considers it an unreliable preparation, because so far only the action Arsenious acid are known, whereas the Arsensäure, H3 As O4 (prepared from arsenious acid by oxydation with nitric acid) depends upon the

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measure with which it is changed in the body into arsenious acid. It is well known that the oxydization of arsenious acid, even when present, is so trifling that it does not interfere in its action. Mineral springs, containing H3 As O3, are therefore preferable to those holding H3 As O4, the former not being so injurious to the stomach as the latter, which even in the usual dose of a tablespoonful of such mineral water may act like a poison on some stomachs.

As all mineral springs holding Arsenic in solution contain also iron and thus may deprive it of its action, as ferrum arsenicosum is insoluble, we must necessarily study such mineral springs on their mineral action, and Jacob does it for the mild Cudowa springs. He found in a young chlorotic girl, who took the Eugenspring with 1, 2 Mganum As O3, an eczema which originated in the use of the spring for four weeks, and disappeared with its cessation. She was greatly benefitted by the treatment, as even a tuberculous tumor of the knee disappeared at the same time. In another chlorotic girl also an eczema appeared during the use of the water and disappeared with its cessation. A married lady suffered from acne, which developed themselves into nodules during the four weeks she drank the water and disappeared entirely after another four weeks, and her children were also attacked with it and it passed off entirely. Chlorotic girls see at first their acne aggravated, and after the four weeks are over, are entirely relieved of it. Most of his patients had tried iron in its different forms, but it never produced acne. It shows that these infinitesimal doses of Arsenicum are absorbed and thus exert their full action, and its action is more beneficial than mere ferruginous treatment. Cudowa also acts equally well in neuralgia with a constitutional basis, in anæmia and neurasthenia, in chorea, in those rare cases of nervous asthma, in chronic intermittent, in fact in any cachexia, even in carcinomatous and amyloid, leucæmic cachexia.—(*Allg. Med. Cent. Zeit. 30, 1886*).

We refer our readers to that excellent work of Richard Hughes, the Manual of Pharmacodynamics, which ought to be in the hands of every physician of any school, especially fourth edition, p. 260 and 261, to be convinced that those blessed infinitesimal doses, as found in mineral springs, act according to the

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law of similarity, and the very acne which appeared in those psoric, chlorotic girls, gives us a great and valuable differential hint between Arsenicum and Ferrum in chlorosis. Again, not the disease, but the patient must be treated, an axiom, which even the old school tries to impress into the minds of their adherents.

A fault in our school is that mineral springs are too much neglected in the treatment of our cases; perhaps we are more able to do so, which may all be true, but still the Homœopathic treatment, as provided for us as a gracious and benevolent Providence, deserves our full attention. And we need not send our patients to Europe for it; this blessed country is full of them, and that they are not more patronized is partly due to the routine manner with which they are used. Individualization is here again of paramount importance.

It is curious that in examining the solids contained in most of the mineral springs, Arsenic is left out entirely; thus we read of Cudowa that it contains bicarbonated oxide of iron, ditto of Mangan, Natron, and Lime; but no mention is made of the trifling quantity of Arsenic which it holds in solution, and still we see from its effects that this minute dose of Arsenic is just the very essence of its curative properties. Looking over the works of Bell & Walton on the Mineral Springs of this country, we meet the same omission, teaching us again and again that quality is far preferable to quantity, and only clinical facts can demonstrate the value of mineral waters, where mere Chemistry would leave us in utter darkness. How much is still to be done to study out the secrets which kind nature has so bounteously spread before us.

S. LILIENTHAL, M. D.

Messrs. Milburn & Williamson, of Detroit, offer special inducements to the graduating class on first purchase of remedies and surgical instruments. Mr. H. Haite will represent them here the first part of June at the Cook House. They keep a large stock of homœopathic remedies and surgical supplies, and their reputation for selling reliable goods is well-known to the profession, their establishment being headquarters in Michigan.

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OBSTETRICS, GYNÆCOLOGY, PÆDOLOGY

EXTRACTS FROM LECTURES ON PÆDOLOGY.

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY I. S. MORRIS, CLINICAL ASSISTANT.

Tubercular meningitis: By the term *tuberculosis* we mean a disease characterized by the formation of miliary tubercles. The word *tubercular meningitis* signifies a basic meningitis caused by a tuberculosis of the pia mater of this region. In childhood it is by all odds the most frequent of all intra-cranial affections, and, after becoming once established, it is by far the most intractable. The prognosis is absolutely without hope, the most reliable modern authorities asserting that a recovery of a genuine case is entirely unknown.

If our therapeutic measures are so absolutely valueless in controlling the disease, why then should we spend any time in discussing it? It becomes my duty to dwell for some little time upon *tubercular meningitis* for two reasons: 1st, You will inevitably meet with the disease, and by correctly asserting both a diagnosis and a prognosis, you will maintain your reputation in the community instead of becoming compromised by holding out a false hope until it is too late to retreat; 2d, by being able to recognize the so-called tubercular diathesis as it manifests itself in childhood, you may be able, by hygienic, dietetic and therapeutic measures, to avert the catastrophy which, when fully developed, causes inevitable death.

Aetiology. The most important of all causative factors is the so-called tubercular diathesis. Any thing that will predispose to this depraved condition of the system may terminate in *tubercular meningitis;* and where there is an inherited tendency to this diathesis, the disease is liable to be handed down from one generation to another with a proneness to assume a peculiar form. You may be called upon to treat a child with apparent cerebral complications. You will inquire into the antecedents of the case. The father or mother may be unable to give you any immediate family history of tuberculosis, but, by properly directed questions, a tubercular history relating to some of the child's antecedents will be ferreted out, and, in many instances several children of the same family will die with a similar type

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of the same disease. Ordinarily a tuberculous child is born weak and delicate; but this is by no means always the case, for in some instances the victims are those children fat, plump, and apparently enjoying perfect health. Usually they are affectionate, lovable and *precocious*—veritable philosophers in their way—until the smouldering but fatal embers are fanned into activity. It is claimed by some pathologists that caseation with resulting disintegration of some of the lymphatic glands may excite the disease in a child not constitutionally predisposed to it; this is a pathological question, however, which is at the present time *sub judice*. No rank in life can escape the disease, though, owing to hygienic and dietetic reasons, it is more common among that large but no less honorable portion of all communities known as "bread winners." As exciting causes I shall only mention traumatism, which by establishing a traumatic meningitis may develop into the tubercular variety when the constitutional bias is present; and the system of "mental cramming," so characteristic of the American race, is not limited to the adult portion of our inhabitants, frequently developing the sensitive child to an injurious degree, *tubercular meningitis* being thus precipitated.

Anatomical characters.—After removing the calvaria, the dura mater will be found tense and stretched tightly over the brain. The sulci and convolutions of the vertex and lateral surfaces of the brain become flattened from increased intracranial pressure. But little, if any, lymph is found in this region. At the base of the brain, in the meshes of the pia mater, more or less white or yellowish opaque lymph is usually found. The formation of this lymph is usually preceded by numerous gray granulations, the result of the constitutional state; like the formation of the lymph, these are more frequently confined to the base of the brain. They vary in size from microscopical formations to those as large as a hemp seed. Small nodules lie upon the vessels, following their course into the bony sinuses, completely embracing the smaller ones, thus narrowing the channel of the tubes; in this way the circulation is impeded and, as a result, we have thrombi and congestion of the minute vessels. Later on, ventricular effusion is invariably found, the necessary distension causing flattening of the convolutions; the

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fluid may be either clear, turbulent or tinged with blood. Th brain substance itself becomes white and bloodless, as a resu of the pressure, that portion around the ventricles not unfr quently becoming softened; the cortical substance is not e empt from the same destructive changes. Besides these chang the distribution of tubercles is rarely limited to the brain, ar their deposition may be found in any and every part of th body. . . . . .

Symptoms:—For convenience of study, the disease is divide into two forms, viz.: A *primary* and a *secondary*. We will fir study the phenomena associated with *primary tubercular me ingitis*.

A short prodromal period is usually present. There wi be nothing alarming about the symptoms, as a general rule. Th child is slightly indisposed, looks a little pale, and is supposed be suffering from " worms " or indigestion. Instead of throwir off these premonitory symptoms, they become worse and wors emaciation steadily progressing. He now becomes listless, tire and sleepy; the appetite is capricious and the bowels usuall constipated. The emotions are easily acted upon, ar although previously uniformly amiable he now becomes irra cible and petulant, crying without adequate cause or remainir moody and taciturn; or his affections may be manifested wi unaccustomed warmth. Stupidity follows in the train precociousness, which is usually associated with headache ar dizziness. The temperature at this period is usually slight elevated, though it may be somewhat below the normal.

Clinical observation justifies us in dividing the primar form of this division into three stages. These are name from the attendant phenomena. and are: 1st, *Invasion:* 2d, *irr tation;* 3d, *depression*.

Invasion: Violent headache, persistent vomiting and ob stinate constipation are usually the first symptoms of this stag Unlike the vomiting resulting from gastro-intestinal irritation, is uninfluenced by food. It is aggravated by motion, and th vomited matter consists of first the contents of the stomach ar then bile. The cephalalgia is likewise aggravated by motion, ar photophobia is most marked. The expression is that characte istic of cerebral irritation. During this stage the abdomen is

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normal fulness, but afterwards becomes retracted. The temperature is moderately increased and the pulse usually too rapid, but it may fall below the normal. The breathing is peculiar, the child taking several quick breaths in rapid succession, after which there will be an interval of some seconds before respiration is again resumed. The pupils are usually contracted, and noise is painful.

2. *Irritation:* All of the foregoing symptoms are much more increased during this stage. The cephalalgia is more intense, and as a consequence there is a peculiarly contracted appearance of the features. The cri hydrecephalique is often uttered, accompanied by a chewing motion of the jaws or a grinding of the teeth. The pulse becomes decreased in frequency and is irregular. Although the temperature does not usually fall below the normal, during this stage it becomes a degree or more less than during the first. The respiration not only continues irregular, but the typical Cheyne-Stokes type is frequently observed. Instead of being contracted, the pupils are now dilated. Characteristic retraction of the abdomen now appears, and although the vomiting usually ceases during the latter part of this stage, the constipation is even more obstinate than before.

3. *Depression:*—The most characteristic symptoms of the stage of depression are coma and convulsions. A rise of temperature is usually marked and, strange to say, the pulse becomes more regular than in the preceding stage, though the irregularity of breathing continues. The child becomes perfectly insensible to all surroundings, and no longer makes any response when spoken to. The pupils are sluggish, and may be of unequal size; strabismus is a very frequent complication.

Paleness of the face increases as the coma progresses. The lingering hopes of the parents may be quickened by a brief interval when the little one looks around with seeming intelligence in his glance; this improvement may continue until consciousness is restored sufficiently to make the child ask for his toys. Coma soon returns, however, and death unfeelingly claims his victim. Should the closure of the fontanelle be incomplete, they become elevated and tense from the distension caused by the effusion. Convulsions is an early symptom of this stage, and may be partial or general; various forms of paralysis may

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follow or occur contemporaneously with the convulsions. The symptoms are advanced with greater or less rapidity while you are compelled to stand helplessly by until death closes the scene. . . . . .

In *secondary tubercular meningitis* nutrition is always greatly interfered with, and there are earlier and more marked manifestations of the diathesis. It is the form which invariably attacks infants, though not by any means limited to them. The child is thin, weakly and emaciated. There is some fever, with more or less nausea, vomiting, and constipation. A convulsion is usually the first decided symptom, and this is followed by partial paralysis, together with all of the symptoms already enumerated under the head of the primary form, excepting the slow and intermittent pulse. The duration of the disease varies with the age of the patient, being proportionately shorter in babes and very young children.

In this disease, as with all others, you must expect anomalous symptoms. In both of its forms the more pathognomonic symptoms may be wanting, and your skill as diagnosticians will be taxed to its utmost in making a differential diagnosis. I will refer to the diseases liable to be confounded with it, and the most important points of differentiation.

Differential diagnosis:—The diseases liable to be confounded with *tubercular meningitis* are those marked by symptoms of cephalalgia, vomiting and emaciation. Such a disease is that known as *spurious hydrocephalus*. But the pathology of the two affections is entirely different, and a little care in questioning the parents will remove all doubt. So-called *spurious hydrocephalus* invariably follows some exhausting disease, such as cholera infantum or diarrhœa. The symptoms correspond to those of the last stage of *tubercular meningitis*, but there will be no history of the preceding stages of invasion and irritability. The brain is anæmic, the circulation sluggish, and as a consequence the fontanelles are depressed instead of being prominent.

The various diseases of childhood may engender a degree of *marasmus* which will so closely resemble *tubercular meningitis* as to make the diagnosis exceedingly difficult. The stomach obstinately refuses to retain any food, and as a result vom-

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iting and concomitant emaciation become very marked. Headache is likewise a prominent symptom. But instead of the temperature being increased, it remains sub-normal, and at no time during the history of the disease is there retraction of the abdomen.

A scrofulous child attacked with *acute gastric catarrh* may have four of the most prominent symptoms of *tubercular meningitis*, viz., vomiting, headache, constipation, and fever. Further evidences of a cerebral lesion are, however, wanting. The respiratory movements are not perverted; the pulse may be increased, but never decreased; the abdomen is not retracted, and the child's expression is not that indicative of a necessarily fatal disease.

Pneumonia affecting young children may so interfere with the oxygenation of the blood as to resemble the disease under consideration. The absence of the prodromata, the physical signs of the chest, the perverted pulse-respiration ratio, the great and early increase of temperature, all point to pneumonia instead of *tubercular meningitis*.

Treatment: The treatment is a sad commentary upon our boasted science. When the disease is once established, I believe that there is absolutely no hope, and all that you can do is to stand by and smooth the little victim's path to the grave. True, there are recorded instances, especially in the older homœopathic literature, where recovery has taken place, even though the disease had advanced to the stage of effusion. The difficulty in making a diagnosis in many instances makes these cases unauthentic. There is a form of non-tubercular meningitis limited to the brain, of syphilitic origin, and its clinical manifestations bear a great resemblance to the tubercular. This form is curable, and the favorable termination is thus accounted for. The prophylactic measures will naturally suggest themselves to you. Good food, good clothing and plenty of fresh air are the *sine qua non*. Such constitutional remedies as calcarea iodata and c. phosphorica, sulphur and graphites will do much towards averting the onset of the disease. Where indigestion is seriously interfered with, especially if there also be a scrofulous or rickety diathesis present, I believe that there is no article of diet equal to the cod liver oil. It should be given in desirable

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doses according to the age of the patient. If marasmus beco
a prominent symptom, it is a good plan to rub the surfac
the body after bathing with pure olive oil. In this way nutri
may be maintained until the digestive powers of the stom
are regained. Indeed, I would begin my prophylactic treatm
even earlier than this, before the birth of the child, if it w
possible. There is no question but what the nutrition of
foetus can be improved by subjecting the mother to the pr
treatment. It is a terrible thing to have a child born with
seeds of tuberculosis engrafted upon its constitution, and es
ially where there is a tendency to localization in the brain.
tuberculous mother should, then, while passing through
period of gestation, place herself under the care of her physi
in order that nutrition may be advanced to the highest de
possible, while the diathetic tendency is held in abeyance
the properly selected homœopathic remedy.

The treatment of the symptoms during the attack does
differ from the treatment of the simple form of the disease.

Dr. E. Noeggerath has in the last number of the *Ameri*
Journal of Obstetrics and Diseases of Women and Childre
beautiful chromo-lithographic plate of puerperal fever microl
The specimens were obtained from a typical case of puerp
fever, a description of which accompanies the plates. Hint
cultivating the microbe are given, and practical deducti
made therefrom. We predict that the time will come when
microscope will be resorted to by the general practitione
making diagnoses of septic diseases quite as often as it is
used to detect renal complications. Slowly but surely is
problem of *causation* in medicine being solved; and with
solving of this problem a new era of preventive medicine
surely dawn.

HOW DO YOU LIKE IT? Resolved, by the Senate and Hous
Representatives of the United States of America, in Congress as
bled, that it shall be a misdemeanor, punishable by a fine of five h
dred dollars and dismissal from office, for any officer of the Un
States Government, civil, military or naval, to make discriminatio
favor of or against any school of medical practice, or its legal diplo
or its duly and legally graduated members, in the examination
appointment of candidates for medical service in any of the dep
ments of the government."

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MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.*

Unless I am greatly mistaken, Gutman, a dentist, who from some source had heard of homœopathy, located at Leipzig about this time or perhaps about six months later. Not without interest in the progress of medical science, and even at that time wondering if dentistry might not derive some profit from it, he sought Hahnemann's closer acquaintance, and was not only strengthened in his views by theoretical teaching but by facts presented to him. He also joined the provers' union, and later labored in his special field to the best of his ability.

So far as social intercourse among ourselves is concerned, it was very cordial; we paid little attention to the hostile airs and manners of other students, followed our studies honestly and faithfully, and occasionally met at the home of our teacher, Hahnemann, after eight o'clock in the evening, where we were strengthened against these little annoyances, for Hahnemann well knew to rouse our frequently fagging courage. If any great length of time had elapsed since he had seen us together, he would occasionally invite us to a late dinner, at which all the members of his family were present; at those times he seemed thoroughly happy, a very father among his children, and this happiness showed itself clearly in all he said and did.

If we now turn from a description of the personnel of this union, whose honesty and faithfulness has been acknowledged by all, to the diligent disciples and emissaries themselves, we find them busily engaged in various directions. To start with, and as has been seen, their activity as drug-provers began with Causticum and covered the entire period from the second to the sixth part of the Materia Medica Pura, without, however, ceasing with Stannum. But in other ways, a few years later, were they active factors in the development of homœopathy, at first as medical practitioners successfully employed in every special field of labor, later as contributors to a literature which was now aiming to construct, then to combat opposition, and which finally sought to gain proselytes among professional men and among laymen.

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If we consider Leipzig the volcano proper, the point of eruption, and Saxony, at that time still in its national integrity, the circle lying within the territory immediately subject to its influence, we see that in Leipzig Moritz Mueller, Carl Haubold and the veterinary surgeon W. Lux; at Dresden the two physicians Frinks and Wolf; at Grimma the district-physician Schweickert, and in Merseburg Dr. Rummel were drawn into the circle, men whose names we especially mention because they occupied particularly prominent places on account, not only of their private virtues, but through their position.

That homœopathy assumed defined shape and developed strength to live and to overcome obstacles is much more the result of their labors than that of Hahnemann. There is no doubt at all that at the beginning of the second decade of this century the tenacity of Hahnemann was commencing to yield to advancing years and that he had long ceased to enjoy the thickest of the battle. With his, then strong, inclination to dictate and his more or less unwise tendency to isolate himself, there would have resulted a stand-still or a retrograde movement which would have lasted for at least one generation, if the tact, zeal and ability of these men had not made themselves felt everywhere. In spite of every species of adversity, not unfrequently proceeding from the master himself, they stood like beaconlights of fidelity, and, when it became necessary, distinguished between the precious doctrine and its prophet, between the jewel itself and the setting.

Before following these men in their most important and interesting labors in the development, defense and dissemination of homœopathy, among professionals and laymen, and to cover the whole ground, we must return to Hahnemann, and as honestly look at the weak points of his character as we admired his virtues.

We have mentioned that he resided at Leipzig from 1812 to the spring of 1821, i. e. to his sixty-sixth year. His residence was in the "Burgstrasse," in a house known as the "Goldene Fahne." The great purpose—and, as shown by all his writings, this purpose is conceived and sustained by a profound conviction and a deep religious feeling—"to make more perfect and to better protect the physical well-being of the human race than

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had ever before been done,"animates his body and soul;he speculates, proves, arranges, teaches, heals. But in his absorption in these great problems he becomes forgetful of this cardinal duty: the well-being of his own disciples, and the defence of his, by this time largely elaborated, doctrines.

It is impossible to find a single statement in print, or an authenticated verbal statement, to show that Hahnemann, who was now blessed with a most profitable practice, ever spent upon his followers more than the *spirit* of his doctrine, although he well knew their great perplexities and fully understood that their academic afflictions increased in proportion to their faithfulness to him. Even more! before he had a single guarantee of the vitality of his doctrine outside of his own tempting success and of the above-named following of disciples, he made, carefully and cautiously, the attempt to commit them to his own teaching at the sacrifice of that career which alone had the sanction of the state. Let us call it foolhardiness or blindness, to free him of the suspicion that he deliberately planned to insure the triumph of his doctrines by cutting off the means of retreat. As a most glaring contradiction to his proselyting efforts and to the glowing pictures of the future drawn by him, he left to their own fate two of his favorite disciples when they were on trial for illegally practicing, although in this case neither his position, living, or fortune, but only his honor, was involved; he certainly was in duty bound to acknowledge them in the time of trouble as well as at any other time, and to protect them if they laid themselves open to censure in the exercise of that professional and mature knowledge which he had imparted to them, for it was he who had, often without the slightest restrictions, placed into their hands the treatment of patients who were confined to the bed.*

But aside from all these occurrences—or, still better, attributing them to prudence or to necessity—where do we find proof of preparation for a defence of his teaching, which already in his day was imperatively demanded; where the stubborn and thorough defense so far as the future is concerned; where proof of a spirit of sacrifice? He well knew of the schemes,

* Hahnemann himself never visited patients at their home.

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plans, and doings of his opponents, for he was in constant correspondence with Hufeland, who at that time held in his own hands the reigns, and his public appearance in the eighth gathering of the Association for the promotion of the natural sciences, which had been received with a general lack of courtesy, must have opened his eyes.

The reply is: we find the defence prepared by his pupils, especially by the above-named; in most cases they were not even indorsed or seconded by him, but, on the contrary, were received with contempt, suspicions and ridicule; he himself never took a hand in them!

Before discussing the biography of these men or their large range of activity; before listening to an advocacy of the just claims of homœopathy in the "Archives of the homœopathic healing-art" which was founded by Stapf and Gross in 1820, and welcomed by Hahnemann in anything but a friendly mood, let us glance at the work of one of their number, Fredrick Rummel's "Lights and Shadows of Homœopathy. Leipzig, Reclam, 1820." In it we find described the following publications, carefully arranged in the order of their appearance, and from them we refuse to separate the brief critiques, because they show us the men who did the work which the master himself should have done.

Journal of Discoveries, Theories and Contradictions in Nature and Medicine. Vol. IV., No. 22, p. 48.

New Journal of Discoveries, Theories and Contradictions in the entire range of Medicine. Vol. I, No. 3.

An hostile criticism of the Organon.

A. F. HECKER: *Annals of Medicine.* Vol. II., 1810. pp. 71–75 and 191–256.

An hostile and damaging criticism. Puchelt, well-known as an opponent of homœopathy, says of it: "Hecker has limited himself to a refutation of details concerning which nothing can with justice be said if the fundamental principle is admitted to be a sound one."

Concerning Homœopathy. By an academic teacher. (Puchelt). Hufeland's Journal, Vol. 49, No. 6, p. 3. Also published as a reprint. Berlin, 1820.

Comparing homœopathy with mesmerism, and charging

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that neither of them complies with the dominant teaching, he loses of out sight the great proofs of its soundness, authenticated cures, foolishly fancies that he is destroying homœopathy by disproving the proposition that disease is of a purely vital nature, finds the claim that all diseases are general affections one-sided (of course), censures the neglect of the collateral branches of medical science in order to give dignity to symptomatology, as well as Hahnemann's explanation of the power of reaction. His review takes cognizance of only the first volume of the Organon, hence several of his objections have now lost their force. Homœopathy then should be used only in purely dynamic disturbances where the physician is not able to determine the nature of the disease. (It is then to be used after all?!)

DR. J. R. BISCHOFF: *Views concerning the old method of curing the sick, and the most important principles of the Homœopathic school.* Prag, 1819.

It may be stated in praise of this as of the preceding brochure that, although not free from prejudice, it does not give abuse instead of argument. The larger part of it is devoted to an argument against the proposition that only one disease at a time can exist in the human organism (a claim which is not made at all in the more recent editions of the Organon), and to a defence of Galen's law: contraria contrariis; there is a lack of comprehension of the new doctrine in its essential features.

Dr. Hahnemann's homœopathic method of cure. A defence of the system by authenticated and noteworthy data. By a layman. (Prof. Linder, of Leipzig).—*Leipzig, 1820.*

This is aimed chiefly at Puchtel's article, and is based upon cures made by Dr. Marenzeller, of Prag, and Dr. Stapf, of Naumburg.

Critical papers for Physicians and Surgeons. By Dr. J. Ch. Loerg, et al. Knoblock, publisher, 1882. Three numbers.

The first two numbers were reviewed by Mueller (Arch. f, hom. H., vol, I, No. 2, p. 55, and No. 3, p. 1); the third was noticed by Gross (ibid, No. p. 115).

In reality only the second number has anything to do with homœopathy. The author finds fault with the physician's dispensing his own medicine, and attempts to justify the dominant school; he accuses Hahnemann of grossly ignoring the power

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of nature; he maintains that homœopathy is harmful in inflammatory diseases, useless in paralytic affections; attempts to cast doubt upon the passages in the Organon in which mention is made of accidental homœopathic cures; he finally himself instituted provings upon healthy persons in order to disprove, but very unsuccessfully, the teaching of Hahnemann, and in all this displays a great deal of temper and very little thoroughness.

Concerning Homœopathy. By Dr. E. F. Groh; *in the Isis. 1822, January number.*

Hostile to homœopathy, but moderate in tone.

Homœopathy protected against those who cannot bear the light. For the instruction of physicians and laymen. Altenburg, 1824.

Concerning homœopathy. By H. Widnmann. (Hufeland's Journal, 1823, No. 11.

The author cites exceptions against several propositions of the Organon, but, after all, he finds homœopathy very useful in the sickroom. (Reviewed in Archiv f. hom. H. vol. III. No. 3, p. 84.)

Homœopathy. By Dr. Naumann. (In Hufeland's Library of Practical Medicine, vol. 50, p. 3, and vol. 53, p. 3).

After noticing the Organon, the author attempts to show a number of inconsistencies in it, and in several instances he is successful,—the great fault of the whole lies in wasting time on minor matters, as in the use of words, and overlooking the chief issue involved. He divides the possible methods of cure into the direct, the antipathic, and the homœopathic, but maintains that the latter, as heretofore used, differs essentially from Hahnemannian homœopathy. It is somewhat remarkable to see the author, whose astuteness detects the slighest flaws in Hahnemann's reasoning, entangle himself in the most glaring contradictions when he attributes the cures made by homœopathic physicians to the "exceedingly small doses" (p. 41), after at first expressing doubts concerning their possible efficacy (p. 35.)

J. C. A. HEINROTH: *The Anti-Organon, or blunders of the Hahnemannian doctrine in the Organon of the Healing-Art. Leipzig, 1825.*

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Even Sachs, a great admirer of this esteemed author, misses in this work "his self-possession, profundity, and pleasing clearness of expression,—we find in it even ambiguity, a constant tendency to overlook the main point at issue, to bring into prominence minor points, a conceited looking-down upon all who differ from him, in fact that petulancy which results from a sinister design or a lack of clearness of comprehension, and which should not be permitted to take the place of that thoughtful deliberation of a wise man who is seeking for truth. A man who can adopt this same course, and can then maintain that Hahnemann has been treated with far too much consideration, deserves at least to find as "considerate" a reviewer as he himself is.

Critical Examination of Homœopathy. By Prof. Lichtenstædt, (Hecker's lit. Annalen d. ges. Heilkunde, vol. 1, September and October.)

I regret not having seen this critique, which has elicited very favorable comments.

Homœopathy. (In the "*Special Therapeutics*" of the late Dr. G. A. Richter, vol. 10, pp. 87–119), 1825.

A good resumé of Hahnemann's teaching, yet an unfavorable, not well founded, judgment.

Some critical comments upon the homœopathic law of cure. By Dr. Er. Gross, court-medicus of the Grand-ducal Court of Baden, etc.

Without having himself made practical tests, the author subjects the chief points of doctrine of the Organon to a critical examination, but never forgets what he owes to himself and the importance of the subject. There is not, he thinks, so great a difference between the antipathic and the homœopathic use of medicines as is commonly believed, since a remedy which primarily gives rise to antipathic effects, must in its secondary action act homœopathically. He is of the opinion that Hahnemann carries individualizing too far, and that the chief merits of homœopathic cures consist in shortening the natural course of the disease.

A test of the homœopathic system of Dr. Hahnemann. By Dr. G. Freiherrn von Wedekind, Darmstadt, 1825.

This celebrated physician ventilates his iatro-physical

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views to damn all dynamic medicine, and especially its culmi nating point, homœopathy, and, further, to caution agains mysticism, which under the garb of this teaching threatens t ingulf everything. An interchange of expressions, as of "spirit," "vital force," affords him an opportunity for several witticism out of all place in the discussion of so important a subject. I a general way, there is a lack of the accustomed thoroughnes of this writer, as has been shown in Mueller's review. (Se Arch. f. hom. Heilk., vol. I, p. 116.)

Homœopathy. By HUFELAND (Hufeland's Journal, 1826 No. 1.)

An unprejudiced summing-up of the valuable and com mendable as well as the faulty and false in homœopathy. A could not be expected otherwise, Hufeland, here as elsewhere occupies the same safe ground from which he observed many metamorphosis in the practice of medicine. If his exampl could find many imitators, those envious critics would b shamed into silence who are now pitching so unmercifully int Hahnemann, chiefly because they are conscious of their inabil ity to write another "Organon." As a matter of course, h seems to underrate the value of homœopathy, but it would be blessed thing if all physicians could honestly say of themselve what the noble veteran so truly expressed in a letter to my self. "But to myself every means of affording assistance to th sick organism is welcome, and I believe myself sufficiently fre from preconceived notions to duly value its importance."

An attempt to say a final word concerning S. Hahnemann homœopathic method, with several conjectures by L. W. Sach Dr. and Prof. at Koenigsberg, Leipzig, 1826.

This almost unknown author, who is not to be mistaken fo W. Sachse, attempted to manufacture for himself something a literary reputation by belittling and blackguarding a ma whose manifold services had won general respect, but he prove nothing but a complete lack of logic and his undeniable fitne for the calling of a Zoilus. But why waste words on a boo which the author himself admits to be superflous, since in th fights upon homœopathy keen-edged weapons are uncalled fo It was with Sachs as with Voltaire's Dr. Hermes, who prove in a book that in reality *an eye could not be cured*, since th

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wounded eye got well in spite of his prognosis and without his treatment. But he may console himself, for all Babylon wondered at the profound wisdom of the physician,—so says the narrator. *Macte puer!*

Animadversiones in Homœopathiam a. R. Grohman, M. Dr., Vienna, 1825.

In the garb of sophistry and in elegant Latin (for instance, p, 21, *uti quavis fere pagina* videre est) nothing but old arguments against homœopathy are here brought forward.

An attempt to cure in accordance with the homœopathic method. By Dr. J. B. Mueller, Prussian Regimental Surgeon. (Rust's Magazine fuer ges. Heilk. XV, No. XI.

The attempt to cure chancre patients with several "hundredths" of calomel gave at first favorable results, but secondary symptoms soon appeared. Schubert (Arch. f. hom. Heilk. IV, 2, p. 31) shows that the proceeding was not judicious or correct.

DR. ST. A. MUEKISCH: *Homœopathy in its claims as a Science and Art. Vienna, 1826.*

Exceedingly hostile. He can hardly understand how the experienced Rau could be counted among the exponents of the new method. Do the opponents of homœopathy begrudge us every celebrated name? Surely, with their overwhelming numerical majority they should not be so stingy of authorities.

DR. G. W. GROSS: *Conclusions in regard to the Anti Organon of Dr. Heinroth*; (appeared also as a supplement to the five, then completed, volumes of the Arch. f. hom. Heilk.)—Leipzig, 1826.

The witty rather than sound objections of Prof. Heinroth are here refuted with much industry, acuteness, and with a not inappropriate sarcasm, and we fear that he will find it a more difficult task to remove the blots from his name than it was to write the Anti-Organon.

[TO BE CONTINUED.]

AN AWFUL VISION.

I knew Charles Foster, the medium, who died last week, very well indeed, says Mr. Gordon in the *New York World.*

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When I first met him, he was an authority to whom Joe Jefferson and Edward Sothern, the actors, used to refer all the strange questions about futurity which bothered them. Between Foster and Jefferson, in particular, there existed a cordial personal friendship. I spent one winter—that of 1873–74, I think—down South. I was traveling from town to town, and every once in a while I found that I was putting up at the same hotel with Foster. We used to meet under such conditions every evening in the bar-room. He was an exceptionally sociable fellow, who never "talked shop," and, without drinking very much, loved to be convivial with cheerful company. He was on a professional tour, giving seances at $5 a head, and even in the impoverished South thought nothing of $200 or $300 as a day's income. On this tour he was accompanied by a slight, shapely, fair-haired young man from Boston, whose name, if I remember right, was Bartlett, and who had a soft, unearthly, spookish manner.

While we were talking one night, Foster and I, there came a knock at the door. Bartlett rose and opened it, disclosing as he did so two young men plainly dressed, of marked provincial aspect. They were ordinary middle-class Southerners. I saw at once that they were clients, and rose to go. Foster restrained me.

"Sit down," he said, "I'll try and get rid of them, for I'm not in the humor to be disturbed. In any case they are only commonplace chaps, and I'll soon be through with them."

I stayed, and it was the first and only seance of Foster's that I, in my character of unbeliever, ever took part in.

By this time the young men had ascertained from the courteous Bartlett that the great medium was disengaged, and they entered. Foster hinted that he had no particular inclination to gratify them then and there, but they protested that they had come some distance, and, with a characteristically good-natured smile, he gave in. What followed I shall describe as minutely as I can, for the whole scene is to this day as vividly impressed upon my memory as if it had taken place only yesterday.

In the room I have pictured, Foster sat as far from the table with the marble top as two feet at least. Bartlett had returned to his sofa and his *Banner of Light*. I sat by the door,

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and the two young men, with awe-stricken faces, sat by the table, one of them resting his arm on it. Foster lolled back in his chair, voluptuously watching the smoke of his cigar. His left hand was in his trousers pocket, his right was free and toying constantly with his moustache. One leg was thrown over the other. On the table were several long, narrow strips of paper, about the width of the margin of a newspaper, and a couple of short pencils. The young men looked furtively round the room and at Foster. It was easy to see that one of them was inclined to unbelief. "Now," said Foster, in his usual indolent manner, "it will be necessary for you (to the skeptic) to think of some person, now in the spirit world, in whom you have confidence. Ah! as I speak to you some one has arrived. It is a woman,—perhaps your mother. She is going to communicate with you."

And at that instant there came a rap upon the table, apparently in the lower edge of the marble, so loud and so distinct that three of us started,—the young strangers and myself.

"Take this card," proceeded Foster, his eyes shut and his expression one of delicious drowsiness. "It contains all the letters of the alphabet. Spell out, letter by letter, in silence, the name of any spirit you may expect."

Then followed what to me seemed a most extraordinary incident of telegraphy. As fast as the young man struck the right letter, an invisible something smote the marble with a ringing tap.

"Do you recognize the spirit?" inquired Foster, still drowsy and uninterested.

"It's my aunt, sir." replied the countryman, very white, but with a resolute face, as became a brave young fellow who was bound to stand any revelation, no matter how tremendous.

"You are sure of it?"

"That's her name."

"She is standing between us looking at you. She is tall and thin, dark hair, mixed with gray. very wrinkled, and her smile is very gentle.

"It's my aunt!" cried the lad, with eyes dilated.

"Take one of those slips of paper," continued Foster, twisting his cigar in his mouth. "Write on it whatever question

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you want to ask of her. Then roll it up in your finger as small as possible, and give it to me."

It took the man a few minutes to think out and then compose his question,—a task in which he was aided by his friend. Then he rolled it up into a ball about the size of a pea, and handed it to the medium. Foster took it indifferently, held it against his forehead just as he received it, and without a moment's delay, but in rather hesitating voice, said:

"You have asked your aunt whether in her judgment it would be a safe speculation for you to go as a partner in the butcher business with So-and-So (mentioning a name) in Algiers." Algiers, by the way, is the Brooklyn of New Orleans.

"Yes, sir!" gasped the young man.

"Your aunt says to you in reply," drawled Foster, "that she does not like to interfere with your plans, but you must be very careful in your dealings with So-and So. His reputation is a very bad one, and he has cheated everybody he ever was in business with."

A flock of other questions and answers followed, all expressed in the same way. The more he replied the drowsier and more indolent grew Foster. I thought he was tired of the interview and was feigning sleep to end it. All of a sudden, he sprang to his feet with such an expression of horror and consternation as an actor playing Macbeth would have given a good deal to imitate. His eyes glared, his breast heaved, his hands clenched. It seemed as if some horrible spectacle fascinated him. I could have sworn he saw a raw and bloody spector standing beside the young man from Algiers. The lad, on his part, rose stupidly a moment after, his eyes fixed with an anxious stare on the medium.

"Why did you come here?" cried Foster, in a wail that seemed to come from the bottom of his soul. "Why do you come here to torment me with such a sight? Oh, God! It's horrible! It's horrible!" And he clasped his two hands before his face, shuddering, as if to shut out the vision which dismayed him, but which none other of us beheld.

Incredulous as I was, the sincerity of his distress troubled me. Even on Bartlett it had such an effect that he dropped his

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paper and sat bolt upright. As for the two young men, they fairly trembled.

"It is your father I see!" cried Foster, in the same wailing tone of anguish and repulsion. "He died fearfully! He died fearfully! He was in Texas,—on a horse,—with cattle. He was alone. It is the praries! Alone! The horse fell! He was under it! His thigh was broken,—horribly broken! The horse ran away and left him! He lay there stunned! Then he came to his senses! Oh, his thigh was dreadful! Such agony! My God! Such agony!"

Foster fairly screamed at this. The younger of the men from Algiers broke into violent sobs. His companion wept, too, and the pair of them clasped hands. Bartlett looked on concerned. As for me, I was astounded.

"He was four days dying, four days dying—of starvation and thirst." Foster went on, as if deciphering some terrible hieroglyphs written on the air. "His thigh swelled to the size of his body. Clouds of flies settled on him,—flies and vermin —and he chewed his own arm and drank his own blood. He died mad. And, my God! he crawled three miles in those four days! Man! man! that's how your father died!"

So saying, with a great sob, Foster dropped into his chair, his cheeks purple, and tears running down them in rivers. The younger man from Algiers burst into a wild cry of grief and sank upon the neck of his friend. He, too, was sobbing as if his own heart would break. Bartlett stood over Foster wiping his forehead with a handkerchief. I sat stock still in my chair, the vivid scene of human anguish and desperation which had been conjured up slowly vanishing like the illusion of a magic lantern.

"It's true," said the younger man's friend; "his father was a stock-raiser in Texas, and after he had been missing from his drove for over a week they found him dead and swollen, with his leg broken. They tracked him a good distance from where he must have fallen. But nobody ever heard until now how he died."

Perhaps those two young men are still alive in New Orleans. I believe that Bartlett survives. If they read this they will affirm that plainly and with absolute accuracy I have

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described the only seance I ever saw conducted by Cha
Foster.—Mr. Archibald Gordon, of the *New York World*
Facts.

SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

INDIANAPOLIS, May 10, 188

MY DEAR DOCTOR:

I desire to remind you that the Thirty-ninth Session of
American Institute of Homœopathy will convene at the Gr
Union Hotel, Saratoga, N. Y., Tuesday, June 29, 1886, a
o'clock, A. M.

I desire also to remind you that you are a member of t
body, in good and regular standing, and that its doings are m
ters of special importance to you. You are therefore un
obligations to do what you can to further its interests and t
enhance its influences for good, both at home and abroad.

There are three ways in which you can do this to
vantage:

1st. It is the duty of every member of the Institute
attend its meetings, whenever it is at all possible for him to
so. By this simple act you will do more to encourage
stimulate your co-workers than can be measured by words.

2d. It is the duty of every member to act as a mission
and induce as many others to attend and join the Institute
possible. You have doubtless lukewarm neighbors who sho
be made alive to their duties of professional association.
they cannot be prevailed upon to attend the meeting, ind
them to forward their application for membership, properly
tested, to R. B. Rush, M. D., Chairman Board of Censors, Sal
Ohio, who will also furnish the proper blanks upon applicat

3d. It is the duty of every member to furnish some oil for
lamp that burns for all. This you can do by furnishing a pape
some subject for the coming meeting, which shall convey wh
ever advancements in medical knowledge you have made
by joining in the discussions at the meeting, thus putting y
fellow members in possession of your valuable and helpful s
gestions.

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By putting forth a little effort along these lines you will aid in building up this oldest and best national medical organization in the world. You will thus assist in establishing, more firmly than ever before, the truth for which it stands. Saratoga is a far-famed summer resort, and is always attractive. Everything will be done for the convenience and entertainment of those who attend the Institute this year. This will be more fully set forth in the general announcement soon to be made by the General Secretary.

Will you not then make special efforts to insure a large attendance and a profitable meeting?

Trusting that this official appeal will not be in vain, I am,

Yours fraternally,

O. S. RUNNELS.

STRAWS.

MALINGERING.—When a person, with a fraudulent purpose, pretends to be sick, or to be suffering, in order to draw pay or to extort support, the simulation is denominated *malingering*. So artfully are tricks executed that it often requires an expert detective to discover attempted frauds.

Bodily infirmities are oftenest simulated by soldiers and sailors. However, in times of war there is much ingenuity displayed to escape doing military duty.

The employes of railroads not unfrequently throw themselves from moving trains, and then assume to be hurt, in order to draw pay for doing no work. Malingerers of this kind are getting so common that the managers of railways employ medical men to look after bold and arrogant pretenders.

Within a few years, a woman fell while alighting from a street-car at night; and she afterwards sued the company, with a claim of $10,000 damages for the hurt alleged to have been sustained. The jury gave her $5,000, when really she was not entitled to a cent. Lately one of our railroads had a verdict of several thousand dollars to its disadvantage, and in favor of a single woman of twenty, who claimed to be injured at a depot where she was about to board a train. It is highly probable that the plaintiff assumed a large proportion of the disability

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displayed at the trial. The injured woman claimed partial paresis of the *right* side of the body, and the loss of vision of the *right* eye. The defendants might have made a good point by alleging, with some authority for the allegation, that the visual defect ought to have manifested itself in the *left* eye, the fibers of the optic nerves decussating at the chiasm. The statement passed unchallenged by the R. R. physicians.

A man was thrown from his wagon at a railroad crossing, and claimed to have been struck in the middle of the back. The alleged complaint was that the nerve going to the diaphragm had been injured. The physician who attended the injured man was evidently assisting to obtain a verdict that would be comforting to divide, but upon a rigid cross-examination he broke down. He evidently thought the diaphragm was moved through the agency of nerves coming from the spinal cord in the vicinity of the thoracico-abdominal septum. The attorney for the defense had an able prompter by his side, and through such aid he made the blundering practitioner feel that it was not good to be there.

When a physical defect is feigned, and the cheat is persistently played, a sound part of the body, for instance, an arm or a leg, being held under restraint, as if paralyzed, a degree of atrophy and paresis may at length be observed. Lack of use is followed by impairment of nutrition and function. A man examined by me for alleged injury of the shoulder feigned so well that I should have been deceived had I not administered chloroform, under the pretense that I was about to reduce a dislocation. While the malinger was half anæsthetized he swung his pet arm about, and exhibited great strength in it. The pretender had been hit by the runaway horse of a wealthy citizen, and support was claimed as a recompense.

Beggars malinger to extort charity; and sometimes they act their parts with a skill that would be a credit to an actor. The old woman with the "palsy," who solicits alms in front of the church, feigns *paralysis agitans* to a degree of perfection that would mislead a detective. After she gets home at night, with a profitable day's venture, she indulges in a "sup of whiskey," and then her jerky nerves become steady. Stimulants will not arrest the shakes of true palsy. * * * *

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There is always malingering in societies which pay weekly stipends to sick members. While the average working man will not claim benefits for a few days of ordinary illness, the fraudulent sneak will gain access to several beneficiary guilds, pay his dues for a while, and then play sick, sprain an ankle, or carry an arm in a sling. However, the professional skulker is shown up sooner or later, and is made to writhe under the expressed contempt of a disgusted and wronged brotherhood.

The reason why health insurance companies have not been successful is that there is a premium on malingering. When a fraud has his affairs so well arranged that he can draw from fifteen to twenty dollars a week by playing sick, he is not apt to be healthy.

I have known quite respectable men to malinger, that they may escape sitting in a jury panel. This is seemingly not so culpable as pretending to be sick in order to draw pay. The business man malingers, that he may look after profitable affairs pertaining to his property and vocation.

The husbandman, in the winter time, usually has little to do, hence he finds it profitable to pocket jury fees. In the summer season when crops need attention, the farmer is inclined to malinger when his name is drawn in a jury panel.—A. J. Howe, in *E. M. Journal.*

MURIATE OF COCAINE IN THE TREATMENT OF NYMPHOMANIA.—I shall detain this patient only a moment, in order to learn the result of the treatment which was ordered when you saw her here last week. The case was one of general pruritus, involving the entire surface of the body, a most annoying itching, and no eruption explaining its occurrence. She tells us that she is almost completely relieved. The treatment consisted in the use of a milk diet, and five to ten drops of Fowler's solution, to be taken three times a day. In addition to this, you will find, in cases of general itching without eruption, the use of warm bran or gelatine very soothing. Itching of this character is sometimes met with in pregnant women; Stoltz has given a graphic description of such cases. But neither in those, nor in this, can any explanation of the cause of the itching be given. The patient may now be removed. The treatment directed was purely empirical, but it was successful.

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Most of you will remember that the trouble for which this woman first came to the clinic was nymphomania. This has been treated by the use of sedative applications to the two chief centers of sexual erethism or pleasure in the female. These centres are the clitoris and vagina. In sexual congress these are subjected to such increased congestion that each becomes swelled, and erection occurs in one; masturbation in the female is done by artificial irritation of the clitoris or of the vagina, or both. A third center has been suggested, that is the female nipple, and, according to Cabanis, some women assert that when the infant is sucking they experience a pleasure, with some similar sensation in the genital organs.

When, in company with Dr. Morris, I first examined the patient three weeks ago, in consequence of a complaint she made of a pain in the womb, there was at once erection of the clitoris and contraction of the vaginal sphincter; not merely of the lower sphincter, but also of the upper spincter, constituting vaginismus superior. This latter form of contraction, when excessive, may not prevent coition, but may not permit the withdrawal of the penis; in some cases this violent contraction of the upper part of the anal levator is under the control of the will. Both varieties of vaginismus existed, to some degree, in this case.

The treatment consisted in the direct application of muriate of cocaine to these centers. The vaginal spasm and the other symptoms have been greatly relieved. I believe that this is the first time that muriate of cocaine has been used for this purpose, and the result has been such as to justify its application in other cases.—Theophilus Parvin, M. D., in *C. and C. Record.*

MEMORANDA.

Dr. J. B. Hitchcock has removed from Woodstock, Wis., to Montfort, Wis. The field at Woodstock is left open.

Dr. Walter Y. Cowl, of New York, is off for a trip to Europe. His practice is left in charge of Dr. Cornell, 343 West 29th street.

Dr. Cornelius Ormes, of Jamestown, N. Y., whose death is reported, was one of the earliest converts of homœopathy in Western New York, and had made a brilliant record as a physician and gynaecologist; he was considered one of the most successful ovariotomists in our school.

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The Homœopathic Medical Society of Ohio, at its recent meeting, at Toledo, Ohio, elected Dr. Claypool, of Toledo, President, and Dr. Walton, of Cincinnati, Secretary of the Society.

The *Minnesota Medical Monthly* is one more claimant for public favor. It is published monthly at one dollar a year. Dr. Thos. Gardiner, 305 Nicollet Ave., is the publisher. The first number is exceedingly tasty in appearance and contains matter of considerable interest.

Dr. Rufus Sargent, a well-known Philadelphia physician, died at Wernersville, Berks Co., Pa., on April 10th, 1886. Dr. Sargent was born in Massachusetts, April 16th, 1824, had been in practice in Philadelphia since 1857, and enjoyed the reputation of a conscientious and eminently successful physician.

The Hahnemann Medical College of Philadelphia has received four hundred dollars, its portion of the receipts of the "Charity Ball," and expects to become before long the owners of the property and franchises of the Pennsylvania Homœopathic Hospital for Children, valued at about $20,000. The graduates of the same college, for this year, number 58, distributed by states as follows: Pennsylvania, 32; New Jersey, 5; Maryland, 4; Maine, 3; Massachusetts, 3; New York, 3; California, 1; Illinois, 1; Minnesota, 1; New Hampshire, 1; Ohio 1; Tennessee, 1; Vermont, 1; England, 1. And, talking of the Hahnemann College and Hospital, the following comments are made upon the statement (*Hom. Physician*, March, 1886): That on the fourth floor of the college-building "will be placed the dissecting rooms * * * with large rooms for practical surgery and obstetrics" Says the *Hahnemannian Monthly:* "What individual can contemplate those 'dissecting rooms' and 'rooms for practical surgery and practical obstetrics' all on the same floor, without a chill of horror? Who can imagine the workings of this 'death-trap' and not feel an *italic* vigor wriggling up and down his spinal column? Suppose, for instance, some venerable 'subject' in the dissecting room should transmit senile gangrene, or something, to those stuffed paddies in the practical surgery room; suppose a cadaver, after undergoing the amputation of all its limbs, and the ligation of all its arteries, and having been subjected to lithotomy and laparotomy, and gastrotomy and tracheotomy, and herniotomy, and the dear knows what else, should contract, in the residue of his mortal anatomy, some sort of septicæmia or other, and infect its brother cadavers! Or suppose the maternal mannikin in the obstetric room, after giving birth a couple of hundred times to the fœtal mannikin, should incur puerperal metro peritonitis; suppose, in other words, the 'death trap' should catch the birth-trap! What hope would there be, then, for the generations of mannikins yet unborn? And suppose that poor, little, much-delivered but orphaned mannikin, thrown on the cold charities of medical students, and all unprotected,

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should toddle into the dissecting-room, pick up a bad case of diphtheria, and depart this college life unbaptized and unvaccinated! Who would be held responsible for the operations of this 'death-trap'? We answer, the men whose 'ignorance or carelessness' placed the dissecting rooms on the same floor 'with rooms for practical surgery and obstetrics.'"

A change has been made in the editorial management of the *St. Louis Periscope and Clinical Review*, Dr. Frank Kraft, a recent graduate of the St. Louis College, assuming editorial control. The new editor seems little satisfied with certain features of the recent commencement exercises at the St. Louis School; he says, "and again, is there not the danger—by no means always latent—that the element of fairness may not enter into the prizes? It is trite to say that human nature is human; and yet, what more liable to happen than an unintentional bias in favor of a son or a favorite pupil, and this unintentional bias ultimately so far control the giver of the prize that a fair competition cannot be hoped for. Would it not be well, therefore, to surround the prize-giving, if prizes are deemed necessary, with additional safe-guards, so that it may be free not only of the charge of having been manipulated in the interest of the son or favorite pupil, but like Cæsar's wife be even above the suspicion?" And again: "What a tale the florist could unfold, if he would, as to the purchaser of these wagon-loads of floral tributes. And if the poor, untimely slain flowers could speak, would not the hot blood of confusion mantle the cheeks of many a one? fearful lest it should become known that the recipient was *particeps criminis;* or that the name of the donor on the label accompanying the 'loveliest' ornament was fictitious and had only been affixed as a *dernier ressort* in despair of finding some one willing to be sponsor to the self-purchased flowers. This custom partakes too much of the tinsel and rouge of the stage. Let us be done with it."

The *North American Journal of Homœopathy*, April 1886, in announcing the removal of Dr. C. F. Sterling from New York to Detroit, comments as follows: "Our colleague takes with him not only editorial regrets and friendship, but the good will of many professional friends who have appreciated his general attainments, and more particularly his mastery of his specialty of the eye and ear. His large experience as a member of the surgical staff of the New York Ophthalmic Hospital, where his practical skill and expert knowledge were most highly valued, will commend him strongly to a cordial reception from the profession in Michigan, who will soon find their trust in him, both as man and physician, to be worthily bestowed. We can wish no better for him than that his energy, honesty, devotion, and fitness for his work may receive the quick recognition which they merit."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
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THEORY AND PRACTICE OF MEDICINE.

HYGIENE OF DIPHTHERIA.

The successful hygiene of diphtheria is hardly second in the importance of its study to that of its successful treatment; the one having relation only to the snatching from the jaws of death a victim already seized, the other to prevent the seizure of a possible victim, and so to thwart the demon Morbi as to dishearten him from ever again making his appearance. Upon this latter point a vast deal of study has been spent, theories have been promulgated, and changes of therapeutics have resulted. That the theories and the allied therapeutic changes have not resulted to the full anticipations of the theorists, is not condemnation made of the results of their studies; for no true study can be made without a good result following, either negatively or positively.

Previous to the introduction of the ferment, spore and germ theories of disease, the cause of all disease was ascribed to an intangible something, which went by various names, existing in the air, earth, or water, or all of them combined. As chemists increased in special knowledge and acute observation, the conditions necessary for fermentation seemed to meet the demands of the generic *causa morbi*, but did not those of the specific cause. For that cause, locality was sought; and the spore theory, not, however, universally adopted, sprung up. Lately the generic and specific causes have been combined in the germ theory,—a theory which presupposes a microscopic, self-multiplying, noxious radix plasma, connected, either as cause or result, with certain specific diseases. That such germs

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do exist, that a connection does exist, seems to be fully proved; but that such connection is that of cause and effect, or that such specific germ and that such specific disease are invariably connected, may be looked upon as yet in doubt. This immediate and necessary connection, however, having been assumed, a variation of the hygienic and therapeutic treatment has been made; and from every quarter assenting and contradictory results have been given, and differing and opposite interpretations have been put upon the same results. And rightfully; for, scientifically and closely as the different micrococci have been examined in connection with the causation of disease, and apparently close as that connection is when but one line of study is followed, that connection instantly shows its tenuity when the light of other questions is thrown upon it. Granted that a certain bacterium is generally found in connection with diphtheria: query, Has that same bacterium never been found in connection with any other disease, or even in perfect health? Yes, it has; and the causative connection instantly weakens. Does the bacterium increase in numbers in proportion to the intensity of the disease? By no means: in some of the malignant forms but few bacteria are visible, and an hypothesis must be invented to explain that. Is the relation of the bacterium to the disease the same in all localities? This must be answered negatively. Do dyscratic conditions, individual, have an effect upon the development of the disease? Undoubtedly; and this is one of the best "shunts" for the germ theorists, for it is evident and indisputable in every and all forms of disease. Is the supposed bacterium contagious? that is, are a large portion of those attacked by diphtheria so attacked because of exposure to a diphtheritic bacterium? or, to put it in another way, of a given number of persons contagiously exposed to a case of true diphtheria, do a large proportion of them become the immediate subjects of the disease? To this, I think, we must answer, No. The evidence of the contagiousness of diphtheria is very small, or, at least, of contagion being its usual mode of development. The question of contagion is rather one of proportion than of isolated cases. If it were one of isolated cases, then it were proper to assume a specific germ as the *causator criminis*.

These remarks have not been made to combat the germ

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theory of disease, but as preliminary to remarking that the germicide of the laboratory is not necessarily the germicide for the disease. The micrococcus, separated from the thousand constantly varying conditions of the human body, cultured in a vehicle as void of conditions as possible, severed from all its natural assimilations, and forced to conform entirely to artificial assimilations, cannot re-act to toxic effects. Even the toxicant itself is under a very different power of work in the cultured micrococcus from the conditions with which it meets in the natural habitat. Hence the study and results of the laboratory are not *necessarily* the infallible law for the physician at the bedside. The results of treatment fully bear out this assertion; and treatment the most diverse, from the millionth attenuation of faith to the drastic drenches sometimes used, from the newspaper recommendation to the latest discovered germicide, have all vaunted themselves as being the *ne plus ultra* of specifics for this dread disease. Really, if the cases reported, and the proportions of cures given, are to be taken as the numeral of success, can we assert which of them all is the true germicide? Is not the *sulphur* of the newspapers equally successful with the *mercuric bichloride* of the latest laboratory enunciation?

The more one thinks of these things, the more one thinks somewhat thus:—

That the ultimate test for germicides is not in the laboratory;

That the true germicide is to be found only *ex usu in morbis;*

That the conditions of disease frequently modify the choice of the toxicant to be used, as they do the choice of the remedy;

That thus far no universal destroyer of the diphtheria germ has been found;

That different methods of therapeusis, so far as this disease is concerned, have not been far from equally successful;

That the hygiene of diphtheria is not to be looked for in a germicide.

But disease, looked upon as an entity, has a dwelling-place in or upon the earth, in or through the atmosphere, in or arising from the necessary results of human living. This dwelling-place, wherever it may be, is chosen because of the presence

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there of the nutriment needed for its existence. The nutriment destroyed, the entity ceases its existence; the nutriment lessened, the force of the disease is lessened. And the hygiene of diphtheria is to be found in the hygiene of this dwelling-place, and in the destruction of this nutriment. And it is not unsafe to predict that the studies now pursued for the determination of the disease-germ will ultimate in the determination of the conditions which nourish disease, rather than in the finding of the disease itself.

That these conditions are those that are usually called "filth conditions" is undoubted; but the exact chemical relations of these conditions to those of the human body are not known, but should be the true object of research. The contamination of the earth around human homes, the consequent contamination of the water used for drinking and the various household needs, the contamination of the atmospheric purity, and the inner contamination of house purity, are the points which must first be looked to. But, all care having been taken, what must be the principle of disinfection? And here the laboratory may suddenly drop its search for germicides, and tell us why it is that certain well-known articles have always held so high a place as disinfectants. True disinfection is always a chemical change, the destruction of one combination, and the formation of another. Preservation for the time being is not disinfection: the simple action of intense cold is not disinfection; the obtunding power of a stronger odor is not disinfection; but the setting free of certain elements of a chemical combination, that those elements may seize upon other elements in the mass to be disinfected, re-forming new and harmless combinations, is true disinfection. Of the so-called disinfectants, those which liberate oxygen are the most effective. This free oxygen instantly fixes the noxious mass, destroys the pabulum of disease, and, without seeking a definite germ, prevents the living of any germ. Toxicants and germicides of all sorts, selected solely because of their destructive power upon the cultured germ, are not preventatives of diphtheria; but solutions of the sulphates and chlorides to the surrounding earth, vaults, sewers, cesspools, and festering barn and garden heaps, will do all that can now be done to prevent the production and spread of this fell destroyer. Internal home

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cleanliness as well as external must not be neglected, and this comprises the cellar and garret as well as the parlor. All this presupposes proper drainage of the premises, and all those precautions which every householder should take, not merely against diphtheria, but against every suspected source of every possible disease.—E. U. JONES, M. D., Taunton, Mass., in *Trans. Hom. Med. Soc. of Mass.*

CLIMATIC THERAPIA IN PHTHISIS PULMONALIS.

Prof. Germain See, the great clinician of France, has enriched medical literature by his classical work on bacillary phthisis pulmonalis, a work which we hope to see in the hands of many physicians, by the liberality of Messrs. Wood & Co., who will probably give it as the monthly volume of their Library of Medical Authors.

We may be permitted to give in advance to our readers the chapter on Climatic Treatment.

Climate is a medicamentum, composed of oxygen, temperature, light, motions of the air, barometric state. Whatever "forms" and complicates a climate, must be studied as a physico-chemical composition in relation to its physiological actions, and especially to the curative effects we expect therefrom; we must take also into account the vital composition of the atmosphere which we recommend. Is it pure, i. e., generally free from microphytes? Is it inimical to the life and increase of bacilli which have already attacked the organismus of a patient? We may divide climates in three classes: (1) The warm sea-climate; (2) high altitudes, and therefore cold; (3) low and warm climate, not on the sea.

(1) *High, cold altitudes:* A mountainous climate was studied by Lombard for the Schweiz, by Tourdonet and Méricourt for Mexico, and Brehmer gives great praise to high valleys, and Spengler, Unger and Jaccoud recommend a mountainous climate for the winter. We must explain all these differences in relation to microbiosis. The conditions for the development of the microbes may be diminished or entirely removed in hot or cold climates. It is sheer nonsense to condemn a patient with torpid phthisis to the poles, and one with erethic phthisis to

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the equator, for there is only one phthisis, bacillary, and this bacillus must be destroyed, the parasite must be kept from the respiratory organs, and if there already, it must not be allowed to proliferate in the bronchi and to contaminate all other objects through the circulation. Only thus are we enabled to change phthisis into a local, circumscribed, enclosed tuberculosis.

In Europe the Engadin enjoys the highest reputation. Davos lies 1560 meters above the sea, the medium barometric state is 630; during the winter months, and especially through January, the thermometer remains steady below zero, and oscillates at most between 1.53° and 3.89°, but, remarkably, during that time, as in all snow regions, the temperature in the sun is 42° to 50°, without saturating the air with moisture. St. Moritz, Samaden, in the Upper Engadin are not so often frequented by phthisical patients, nor are the Alpine vales, whose altitude oscillates between 2,000 and 1,200 meters above the seas. All stations below 600 meters have no curative action; still, the northern mountains may be useful for the state of reconvalescence without benefitting especially the respiratory functions. Microphytary life ceases, as a rule, in an altitude of 800 meters. Pasteur already proved this fact by comparing the air in the vale of Chasmournix, 600 meters above the sea, with air taken from glaciers, which descends as Mer de glace from Mont Blanc into the vale, which never contained any microbes. Weber, 1869, and later Geo. Clifford Abbott, found them absent during the winter, when the mountains are covered with snow. Miquel and Freudenstein positively assert that microbes cannot exist at an altitude of 1800 meters. How and why the microbes disappear, we do not know; it is a fact, and *this incorruptibility of the air is the cause of its antibacillary and prophylactic quality.* We give as a proof the report of a Swiss medical committee, who found phthisis far more rare in regions of high altitude than in vales, but in the manufacturing districts, though situated in the mountains, phthisis is as common as in the cities or on the plains, a consequence of the steady sojourn of the workmen in narrow rooms, crowded together, where the air must be rendered impure by bacilli. Ludwig witnessed the same state in Pontresina and Upper Engadin.

Physico-chemical qualities of mountain air.—The observa-

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tions on rarified air or on diminished atmospheric pressure were mostly made on mountains or when ascending. In the latter case we must not forget the muscular labor, and we must also take into account the temperature, the moisture in the air, the light and the ozone of mountainous climates, whose general characteristics are: Mountain air gives less atmospheric pressure, is more refreshing, though the rays of the sun send out more heat than on the plains; it is more dry, notwithstanding the copious evaporation of the well-protected snow-vales, lying in a high altitude, are during the summer more moved by winds than in winter; (2) the air is extraordinarily pure from all miasmatic and from all inorganic and organic products; (3) ozone is present in large quantities.

Action on well and sick persons.—(1) The heart shows during the beginning of a sojourn in mountains an increased activity in relation to the energy and numbers of cardiac beats; then it returns to its normal state, but retains its increased power of contraction and respiration. (2) The number of respirations are at first increased, the thorax dilates one or two centimeters more; after some time both become normal and retain probably an increased respiratory muscular energy; the lungs are greatly expanded by blood, and a congestion may be the result (Weber). (3) The consumption of oxygen is reduced to a minimum, 348 grammes less than at the seashore. (4) The excretion of water and especially of carbonic acid through the lungs is greatly increased. The oxidations are of twice the strength. Marcet noted at 4,000 meters 15 per cent. more carbonic acid than at 380 (lac de Geneve); this is one of the most remarkable physiological actions. (5). The appetite is increased; in consequence of the increased nutrition of the organs the neuro-muscular power and, perhaps, also the oxydation are increased. It may, in general, be said, that a mountainous climate is stimulating, it pushes onward most functions, and has a strengthening influence, but the constitution needs for it resisting qualities.

Therapeutic actions.—The purity of the air makes it the chief remedy in hereditary or acquired predisposition to tuberculosis; it is the great preventative against bacillary infection, but does not act so favorably when the disease is already estab-

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lished. Added to it light, ozone and coldness, we understand now why high altitudes were always looked upon with favor in the treatment of phthisical patients.

WARM SEA-STATIONS.

Warm and dry sea-climate is found: (1) on the borders of the Mediterranean sea, as Hyeres, Cannes, etc. Their position allows a daily change between the winds from land or from the sea, and thus a good ventilation is produced. (2) Warm and more or less moist climates are found in the Portuguese islands, as Madeira; and in Algier, Mustapha takes front rank. (3) cooler climates: Venice, Ajaccio. All these stations are well-known by the purity of the air during sea-breezes, which makes it aseptic; only the land-winds are to be dreaded, especially when they passed through and over cities.

General qualities of sea-climates: (1) Sea-air, notwithstanding its moisture, shows a certain uniformity between winter and summer and even between day and night; (2) the pressure of air is greater, the oscillations are considerable and quite regular; (3) the air is usually kept in motion by local winds, blowing day and night in consequence of the unequal heating and cooling of the sea and of the land. Sometimes winds, coming from distant regions, pass over them. (4) The light is clear, sometimes dimmed by vapors in the air, and light is known to be a great enemy to bacteria and spores, preventing their development. (5) By the influence of sunlight, evaporation, and the motion of the air, ozone in larger quantities is formed; hence the vivifying impression of air on the general health. (6) The air is clear of inorganic and organic dust (except malaria air). Benecke found in the Northsea station at Norderney that the body cools off easier on the seashore than inland and even on the mountains; and at the same temperature, warmer clothing is required; oxydation is more active, evincing itself by the increased formation of urea and sulphuric acid, diminution of phosphoric and uric acid, increase of the weight of the body. Respiration and pulse are somewhat retarded in comparison to stations of over 100 to 300 meters. The climate is quieting and at the same time roborating. Life on the sea-shore (even without sea-bathing) is a specious preventative against scrofulosis, and

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even against phthisis, so often the sequel of the former. We explain its therapeutic action: (1) by the high stand of the barometer, which by accumulation of air and oxygen in the lungs acts unfavorably on the existence of the bacillus; (2) the large quantity of ozone, which has the same action; (3) the iodum and bromum, acting as antiseptics.

Comparison between the two climates. Both excel in the purity of the air, in more or less absence of dust, and thus of microbes, in the atmosphere, in the brightness of the light and in well-pronounced ozonisation. The sea-air also contains iodum and bromum, both great antiseptics, but the temperature in high regions is cool, which is beneficial. It is not so difficult to harmonize the benefits of both climates in relation to the differences of barometric pressure. On the borders of the sea, increased pressure; on mountains, rarified air with diminished atmospheric pressure, and both are equally good when indicated. The denser air, with its increased quantity of oxygen, is decidedly inimical to the biological qualities of the microbe; on the other side, breathing a thinner air, with a decidedly diminished pressure, favors the ventilation of the lungs, and prevents putrefaction of the bacillus, or in other words, the multiplication of itself.

WARM, LOWLY, AND MARITIME REGIONS.

Egypt used to stand in high reputation, but is now neglected; the journey exhausts the patient, accommodations are poor, the air dirty, and the sick ones yearn for their homes.

A sojourn in forests may be beneficial. The firs and the pines exert a great influence on the composition and temperature of the air. The difference in temperature between day and night is less, and the evenings are often warm. The relative moisture is considerable, but though the heat and light of the sun does not penetrate everywhere, the winds are kept off. The ozonisation through the balsamic contents of the trees is also a point in favor of the patient.

S. LILIENTHAL, M. D.

The Homœopathic Medical Society of the State of Wisconsin will hold its 22nd annual session at the Plankinton House, Milwaukee, Wis., on June 24th and 25th, 1886.

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DIFFERENTIAL DIAGNOSIS OF SYPHILIS AND SCROFULA.

In syphilis all is change and variety; in scrofula all is fixed and immutable. The cutaneous lesions of syphilis are migrating; the lesions of scrofula are riveted, so to speak, in their primary place which they never quit, and this fixity of situation, during a prolonged period, often many years in duration, will suffice to distinguish them from the *syhilides*, which are ambulatory, and appear in successive crops and upon different regions of the body.

The lesions of syphilis are *intermittent* in duration, the lessions of scrofula are essentially *permanent*, and this absolute continuity during five, ten, fifteen years will suffice again to distinguish them from syphilides, which appear and disappear at intervals more or less distant.

Syphilis is a Proteus; it manifests itself upon the skin by the most diverse lesions; in the same patient, at different periods of its evolution, it presents the most different aspects, because the lesions which represent it are most numerous and diverse. In scrofula, on the contrary, it is always the same lesion, there is only one form one day to another.

In syphilis we have, then, *variety of situation*, *variety of duration*, *variety of lesions;* in scrofula, *fixity of situation*, *fixity of duration*, *fixity of lesions.*

Syphilis has its special coloration, a deep reddish brown; scrofula its also, a light raspberry-red, vinous tints disposed in large, prominent, and neatly limited patches.

Syphilitic lesions develop over the entire surface of the body; it does not spare any region; the lesions of scrofula are rarely found except upon the face, and particularly upon the nose and cheeks; they scarcely ever descend below the neck.

Syphilis is hereditary, virulent, inoculable, and contagious by direct contact; scrofula is likewise hereditary, but it is neither virulent nor contagious by direct contact and inoculation.

Syphilis affects all ages, all temperaments, all constitutions; scrofula rarely develops before the fourth or fifth year; and in order to develop, there is necessary a special *terrain*, a particular constitution, a *scrofulous temperament.* This temperament

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is revealed by certain special characteristics; the head disproportioned in size to the rest of the body; alæ of the nose thickened; nose flattened, large; nostrils incrusted; eyes bleared; mouth widely split; lips thick; the traverse diameter of the face larger than the vertical; neck voluminous and as if engorged; legs short; the *ensemble* of the body without harmony, ungraceful; intelligence slightly developed.

The lesions of scrofula are not more painful than those of syphilis; but while the syphilides are ordinarily accompanied with slight fever and constitutional disturbance, the severest lesions of scrofula occasion no disorder in the physiological exercise of the animal functions.

The syphilitic ulcer is regular in contour, as if punched out; the scrofulous ulcer is irregular, its edges are jagged and detached.

In its work of destruction, syphilis proceeds from the deep to the superficial parts; scrofula follows an inverse course; it begins by destroying the skin before destroying the cartilages and bones.

Scrofula in its period of development, and when stationary, always produces hypertrophy of the parts which it involves; and in its period of decline it atrophies the same parts; it leaves the nose sharpened, lanceolate, and the opening of the nostrils retracted and obliterated. When scrofula gets well, it is followed by hideous deformities, always irremediable. The cicatrices of all its lesions are indelible, like those of syphilis; but while the latter are pale, colorless, smooth, not always adherent to the parts beneath, the cicatrices of scrofula are, on the contrary, irregularly violaceous, reticulated, seamed, anfractuous, and intimately adherent to the subjacent tissues.

All the scrofulides are *malignant* lesions; they all disorganize the skin in different degrees, and often destroy the organs and the bones. Their duration is always essentially chronic.—M. GUIBOUT, *Gazette des Hospiteaux*, No. 74, 1885.—*Journal of Cutaneous and Venereal Diseases.*

THE COUNSELOR is under obligation to Dr. Wm. B. Clarke, of Indianapolis, for report of Proceedings of the recent annual meeting of the Indiana Institute of Homœopathy.

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SURGERY.

SKIN GRAFTING, SPONGE-GRAFTING, AND TRANSPLANTATION OF TISSUE FROM LOWER ANIMALS TO MAN.

Although there seem to have been premonitions of the discovery of skin-grafting,—notably the results obtained by Professor Frank H. Hamilton in New York, in 1854,—still it was reserved for Reverdin, in 1869, to successfully demonstrate its utility. He was interne of La Charité in Paris, and was led to his discovery, as he says, "by having observed little epidermic islands which formed spontaneously in certain wounds." It is a fact well known to surgeons, that Nature's power of healing granulating surfaces is limited; so that, given an extensive ulcer, it will be impossible for the natural unaided processes to close it in, although the granulations may be perfectly healthy; and, furthermore, even should the cicatrix be formed, it may be so delicate and unresisting that the slightest pressure, the least friction, may in a short time undo the effects of careful treatment, and leave one at the starting point of weeks before. By the process perfected by Reverdin, Nature is assisted in accomplishing what she could not do unaided. The healing process is greatly facilitated, so that the closing-in of a granulated surface may be a matter of days instead of weeks; the union of neighboring surfaces is prevented; and finally, and to my mind most important of all, the cicatix, when formed, is resisting and enduring to a greater degree, and has not so great a tendency to contract.

I once had an opportunity of satisfying myself that the permanency of the cicatrix was increased by skin-grafting. As externe at the Massachusetts General Hospital, and as interne at the City Hospital, it has been my privilege to see the treatment of a great many varicose ulcers; and many a time I have been disappointed in seeing the results of my careful attention swept away by a few hours of walking or standing. In my clinic at the Homœopathic Dispensary, I had a patient come to me one day, who had been a ward-tender in the City Hospital. He had a varicose ulcer of many years' duration, about two inches in diameter, situated over the inner malleolus. He

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stated that he had had the ulcer healed a number of times by lying in bed, but that shortly after going to work again, it invariably broke out. At the time he applied to me, he was earning his living as a laborer, and was constantly on his feet. I grafted the ulcer, kept him still for one week, then allowed him to resume work, and in about three weeks the ulcer was healed. I saw him one year later, when the cicatrix was perfectly solid; and he said that he had had no trouble since I saw him previously, that he had been able to pursue his work constantly, and that he had never since the ulcer first appeared been so long without its breaking down.

Skin-grafting may be described as the process of transplanting minute particles of epidermis upon a granulating wound, which when properly applied, and under suitable conditions, take root, as one may say, and grow. The method as described by Reverdin has not undergone essential alteration at the hands of later experimenters; but I will present the course to be followed, as I have culled it from various authors and from my own experience.

First, in order to insure success, the sore and surrounding tissue should be free from inflammation, the granulations should be healthy and florid, and the discharge should possess the properties of what is called laudable pus. Should these requisites not be present in any given case, it is useless to attempt grafting. By a proper course of medication and diet, the general health may be improved; and if then the granulations are indolent, and discharge a thin offensive pus, they will at once assume a healthy appearance when treated to an application of *iodoform-powder* or a solution of *chloride of zinc*, gr. xl. to ℥j. An application of glycerine will sap the exuberant flabby granulations; or if they show too great activity, sprouting up over the surface of the wound, they should be cut down by application of a stick of *nitrate of silver*. I have found the following of Lister's method in the after-dressing the most satisfactory. A wound, if allowed to remain untouched for several days, during the hot weather, without antiseptic precautions having been taken, becomes extremely offensive, and may even become alive with maggots, so that it will become necessary to remove the dressing and cleanse the wound, at the risk of disturbing the grafts;

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whereas, if Lister's method be followed in all its details, the part may be left undisturbed for a week.

After the sore has been purified with *iodoform*, and the surrounding skin bathed with *carbolic acid*, 1:20, a piece of Lister's green protective dipped in boric lotion (one part boracic acid to twenty-five or thirty parts water) is applied over the ulcer; and outside of that, a large thick layer of boracic lint is bandaged closely to the part. This dressing is allowed to remain four days, at the end of which time the granulations will have assumed a proper appearance, and grafting may be commenced.

A piece of epidermis is taken from the inner surface of the fore-arm, after this has been bathed in a solution of *carbolic acid*, 1:40. This morsel is cut into small pieces, about the size of mustard-seed, on the thumb-nail, and placed on the granulations at intervals of three-quarters of an inch. Reverdin was particular to apply the grafts carefully with the raw surface in contact, although others thought that it did not at all matter whether they were laid base uppermost or not. Each graft is then covered with a small piece of green protective dipped in boric lotion. Over all a large piece of protective is laid, covered with boracic lint, and finely bandaged to the part. At the end of one week, the dressing is removed. If Listerism be not used, the grafts may be retained in place by pieces of adhesive plaster; or, after the grafts are laid on, a piece of cloth spread with simple ointment may be applied. If the graft be watched, a red areola is found around the transplanted piece at the end of the third day: this gradually grows, and on the sixth or eighth day is followed by a bluish-white border, just as in cicatrization at the edges of the wound. At the same time that the growth of tissue around the grafts takes place, an increased activity is observed on the edges of the wound itself, just as though some invisible attractive power existed in the grafts themselves, drawing inward the edges of the wound. Some grafts may even entirely disappear, being embedded or hidden in the granulations; but after a time a bluish-white opaque speck appears, and cicatrization begins.

The plan Reverdin usually followed, of removing bits of skin, was to make the skin tense over the flat surface of the tibia (the inner surface of the leg), and introduce half a millimetre

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of the point of a rather large venesection-lancet; then pushing it forward so that the point emerged three or four millimetres farther on, the little piece was cut loose by the edges of the instrument. A needle may be inserted just below the epidermis, raised, and the overlying piece of skin, the size of a millet-seed, detached by a small knife. I prefer a pair of eye-scissors and small rat-toothed forceps, as I think that the piece of skin may be thus removed with less pain than by other methods. Some authorities claim to have had as good success from simply scraping the epithelial scales from the surface of the skin, and dusting them upon the ulcer. This is questioned by others, and the weight of opinion seems to be, that, in order to obtain the best results with the least possible pain, it is necessary to include the deeper layers of the epidermis, the *rete mucosa*. The true skin, or dermis, seems to be entirely unnecessary. It has occurred to me, that the muriate of cocaine in four-per-cent solution, applied to the skin where it is proposed to take the graft, might be used to mitigate the pain.

It ts better to take grafts from the persons upon whom they are to be applied, auto-epidermis. If taken from other sources, care should be taken to prevent the possibility of syphilization. It becomes a troublesome question, at times, where to obtain material, when the subject to be benefited will not allow grafts to be taken, and when there are no volunteers. Resort has been made, under these circumstances, to amputated limbs, to the prepuce after circumcision, to bits from mucous membrane and muscle, and even to the cadaver soon after death. The skin seems to retain its powers of contracting vital adhesions for some time after death; in some experiments reported, as long as ninety-six hours. It keeps best when kept at about the freezing point, and away from the air.

Of interest to us in this connection is the experiment of various surgeons in grafting the skin of the negro upon a white man, and *vice versa*. The graft seems to grow, and the area of pigmentation to increase, when a black graft is taken; but after a time the color is absorbed.

I have found great diversity of opinion as to the changes which take place after a graft is inserted. Does it simply take root and multiply its own cells, drawing its nourishment from

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the parts with which it finds itself in contact, similarly to a process of growth of vegetable grafts? or is there something more? The preponderance of testimony seems to weigh in favor of the view that the epithelial germs grow in or upon their new soil, but that a more remarkable phenomenon is to be found in the influence which they exert in determining, by their presence and contact (catabiotic action), the transformation of the embryonal cells of the granulations into epidermic cells.

SPONGE-GRAFTING.—In this connection, mention should be made of sponge-grafting, which was first attempted by Dr. D. J. Hamilton, of Edinburgh, in 1880. Considering that as a proliferation of the granulations of a wound was necessary prior to their solidification, and perhaps having had experience in the rapidity with which granulations may sprout out around and among the fibres of a dressing, he concluded that the porous nature of the sponge was particularly adapted to receive and encourage such outgrowth. Acting upon this idea, he successfully attempted to close large ulcers by means of filling them accurately with sponge prepared by dissolving out the animal matter with dilute *nitro-muriatic acid*, afterwards washing with *hydrate of potash*, and finally rendering it aseptic by steeping in *carbolic acid 1.20*. The part was then covered with antiseptic dressing. The granulations project into and fill up the interstices of the sponge, gradually solidifying, until the granulation tissue reaches the skin level, when cicatrization begins. The sponge disappears as this process progresses, acting merely by giving a support to the projecting network of vessels. The part is kept antiseptic until healing is complete. The result claimed is, that a firmer cicatrix, which is less contractile than it would be otherwise, is formed. This process does not seem to greatly facilitate the cicatrization; but it does undoubtedly fill up the depression more rapidly, and might well be supplemented by skin-grafting.

TRANSPLANTATION OF TISSUE FROM LOWER ANIMALS TO MAN.—Of great interest to us in connection with the subject of skin-grafting, is the possibility of transplantation of tissue from lower animals to man, and having it grow there and proliferate. Even as long ago as the seventeenth century a soldier who lost a part of the hairy scalp, and the bone beneath, had it

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replaced by a portion of bone and skin of the same form and dimensions, which the surgeon removed from a dog killed for the purpose. Different kinds of animals have been used. Grafts have been taken from the skin of a young pig, and from frogs and dogs. Bone, muscle, and skin have been successfully grafted. In *The Lancet* of Nov. 15, 1884, a physician practicing in the country advocates procuring grafts of skin from the frog, in view of the difficulty of obtaining a sufficient supply of human skin. The writer says, "The frog grafts at first act as human grafts are known to, but later on their behavior is different. Thus, soon after being applied, they disappear, but after a short time they appear again as a thin transparent film on the surface of the granulations, some of the films being raised in the centre and depressed at the edges, forming small conical elevations. At this period, the skin on the edge of the wound takes on a very rapid growth; but, curiously enough, the grafts themselves grow but little, and soon stop altogether, this being very different from what occurs in the case of human grafts." The application of these grafts to the surface of the ulcers may facilitate its skimming over, but I should question whether the result would be as enduring as that where human skin has been used.—W. L. Jackson, Boston, Mass., in *Trans. Hom. Med. Soc. of Mass.*

EFFECTS OF COCAINE ON REFRACTION.

"Experiments of Bellarminoff and Weber on the action of cocaine on the accommodation of the eye, show that in cases of emmetropia and slight hypermetropia the accommodation is but very slightly affected, the near point being, perhaps, a trifle removed, while in marked hypermetropia and in presbyopia the proximal point is decidedly removed, say from 9 to 13 inches. On the other hand, in myopia of middle and higher grades, Weber found that the near point was appreciably approached to the eye, and in the experiments of Bellarminoff there was no effect.

"Weber's hypothesis for the explanation of the anomaly is, that it is due to an irritation, by the drug, of the meridional fibers of the ciliary muscle, and of the radiating fibers of the

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iris; while B. explains it on the supposition that in myopia of high degree the spasm of the ciliary is too great to be overcome by the cocaine." (Of course, this explanation can apply only to selected cases, as we know that in hypermetropia we also meet with the most marked degrees of ciliary spasm. ED.—(*Klinische Monatsblætter für Augenheilkunde, Dec. 1885.*)

MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.

The larger part of the literature which has been specified, and of the contents of the "Archives," makes it necessary to take a survey of the opposition made to homœopathy, and of the short-comings with which it had been charged; this done, we can examine the more subtle efforts to bring about certain reformations within the sphere of this young science; when Gross was bound to have certain stated potencies considered the limit, thus gradually calling into existence the high-potency war; when Mueller critically weighed the terms "homœopathic" and "specific"; when Rummel began to find fault with the repetition of the dose; when Hering dished-up the "simillima," Lux the "isopathica," and Korsakoff the "mirabillima" as the very essence of perfection,—events which fell into the third decade of the present century.

Although Hufeland, a short time before his death (Haude- and Spenersche Zeitung, No. 66, 1845), referring to homœopathy, had said to one closely related to him: "I could not allow myself to have anything to do with it, for I had no time and would have been obliged to begin all over again, but it is one of the greatest events in medicine which I have witnessed in my life-time, and its development will have incalculable results which I shall not be here to witness"—he had still, a few years earlier, done homœopathy a great injury when he called it the grave of science, and made the erroneous statement that homœopathy required no knowledge of anatomy, of physiology, pathology, etc. He had not weighed his words with his accustomed care, nor estimated their probable effect, for he had a high regard for

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Hahnemann, and a keen interest in every new scientific movement.—A large number of sterile theorists made the utmost use of his authority, and they did not hesitate to affirm that homœopathy led to a supreme contempt of every scientific view of medicine, since it limits itself to the external symptoms of disease without ascertaining the cause and the essence of the disease.

Rummel, as is well-known, was one of the first to rush into the lists and to deny most emphatically that Hahnemann considered the "Organon" the sum total of all the medical sciences and declared superfluous all other studies. He maintained a thorough and intimate knowledge of all the various studies and branches taught by the allœopaths were absolutely necessary to fit a man for the successful practice of homœopathy. "Far removed," he said, "from waging destructive warfare upon science, homœopathy is bound to acknowledge nothing but true science, and to free medicine from the purely conjectural. We do not propose to ignore the experience of the allopathists when they stand the test of reliable experience, but we want to throw light upon their explanations and hypotheses; we do not propose to deny the usefulness of their method of cure in any case, but we are bound to show where physicians interfered with nature instead of studying it after the manner of Hippocrates; where they rudely suppressed the curative powers of nature, while prating constantly about guiding these efforts; where they cured symptomatically, and yet talked of methods suggested by the first cause; we propose to show them how little common sense is hidden beneath their high-sounding phrases; how true common sense here is a recognition of the limit set us, enabling us to recognize the laws, but not the primary causes, of vital phenomena."

M. Mueller, who shared the same opinions, at this time and later in the defense of Kretzschmar against Hahnemann, wrote as follows (A. H. Z. Vol. I, No. 2): "I belong to those who are of the opinion that the duty of a physician is not limited to labor for the universal recognition of a system still in its formative stages, but that it is his duty to aid the sick with all the means which the sum total of the natural sciences and experience has shown to be useful. For medicine is only the adapta-

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tion of the natural sciences to the cure of diseases, and all the systems of medicine are one-sided until the laws of nature are fully understood. It is my right to practice medicine in this eclectic manner, because I have never accepted the Hahnemannian maxim that the homœopathic method is the *only* method of curing the sick Long as I have been one of the champions of homœopathy, I have ever clung to the conviction that there is more than one way of curing the sick, and that, although the homœopathic method in a general way, and almost always, is by far the better, the antipathic or allœopathic method, more indirectly, it is true, may cure, and within certain limits may even yet claim preference. It may be added that a knowledge of the homœopathic method enables us so to modify the allœopathic treatment, that we can avoid producing a majority of its harmful sequels, described by Hahnemann in rather too glowing colors."

He was joined by Aegidi, district-physician at Tilsit; Muehlenbein, physician to the Grand Duke of Brunswick, etc; Wislicenus, at Eisenach; Fitzler, of Ilmenau. "You attack us with the charge that we limit our efforts to the external manifestations of disease without enquiring into its cause and nature. You condemn homœopathy as a purely symptomatic method of cure; you maintain that the symptoms are not the disease. Read the Organon, and you will find that Hahnemann's method of treating the sick is by no means easy and superficial. He is always insisting upon a thorough examination of the symptoms and objecting to hypotheses and speculation. A symptomatic method takes cognizance of the single symptom from which the patient suffers particularly, and which you attempt to combat by antipathic measures (palliation). The homœopath, on the other hand, seeks to keep in view the disease in its completeness, in its entirety, so far as this is possible without having recourse to mere theorizing; with the assistance of anatomy, physiology, and pathology, he distinguishes the true importance of symptoms, those most important or those purely concomitant or subordinate, far more successfully and carefully than you can, and he takes as much pains as you do to remove the first cause if this can be detected or is still in force." This is the drift of their arguments.

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The experiments made with medicines upon the healthy were another thorn in the flesh of our opponents, because they foreshadowed an overthrow of their power in the realm of intellectual life, disturbing also their dolce far niente, and forcing them into a sort of activity which was a different thing from their old hit-or-miss practice. On the other hand, these provings offered an excellent opportunity to arouse distrust against homœopathy, and to undo it by pulling the wool over the eyes of an easily duped world.

They would in all probability, for decades to come, have maintained the sanctity of the method and codex of the venerable Stoeck (1749–1803), and would have sworn by them, if an allœopathic authority, Hofrath and Professor Joerg, of Leipzig, an honest and well-meaning laborer in the field of medicine (though often, from pure love of nature, an unmerciful Fabius Cunctator in obstetrics, and a skeptic so far as homœopathy is concerned) had not suddenly and in the most unheard-of manner come to the front with the avowal that the dominant school of medicine was full of blunders and weak points, and that the proving of simple medicines upon the healthy were the best means of bringing system and certainty into the materia medica. His own experiments forced him to this confession. He admitted that the more he made provings of remedies, the greater had become his surprise at the lack of real knowledge of the medicinal properties of medicines, for in not one single case had he found the properties of a remedy accurately described as he had ascertained then from experiments upon the healthy.

To the public generally, homœopaths had been described as a class of fanatics sufficiently unscrupulous and selfish to excite artificial diseases in the healthy and to expose them to the danger of dying from the effects of poisonous substances, or at least to sacrifice the vigor and bloom of perfect health. It was in vain for the homœopaths to point out that the experiments were made with the utmost caution and in accordance with the rules laid down in Hahnemann's Organon, and that no one could possibly affirm that Hahnemann and his disciples were poison-givers. They maintained that a remedy had at no time been given to a well person in doses larger than those daily administered to

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the sick by the allœopaths, and that the so-called poisons were actually the same substances which the latter administered in bulk to the sick. It was in vain to declare that they had never excited fixed diseases, had never insisted upon the long-continued use of the same drug; it was in vain to point out that nearly all the provings had been made upon themselves, and that they would naturally take care not to hurt themselves; it was in vain to finally ask if it was not cruel and unscrupulous to experiment upon the feeble, suffering bodies of the sick with drugs of which nothing was known, as the allœopaths were in the habit of doing, thus limiting *their* provings of remedies to a study of the action produced by them upon the sick.

All this availed nothing until Joerg appeared, but his action was decisive. In Leipzig, next to Berlin most violent in its opposition, quite an extensive society for the purpose of making drug-provings was organized, and these free-will concessions to the new doctrine would undoubtedly have led to further results, would certainly have led Joerg to a recognition of the primary and secondary action of the remedies, had not Hornburg, who with several other disciples of Hahnemann belonged to Joerg's provers' union, most inexcusably disturbed the growing good feeling. Hartmann relates all the details of this affair. It will answer our purpose to merely mention it. Joerg had distributed Thuya for the purpose of proving it. In the arrangement and discussion of the symptoms, Hornburg alone among all the other provers maintained that in his case there had developed remarkable conglomatous excrescences on the sphincter, and upon Joerg's expressing some doubt as to the correctness of the observation expressed himself with such rudeness and lack of courtesy that Joerg, unfortunately suspecting that Hornburg was animated by Hahnemann, suddenly and forever put an end to the "union," and brought to an abrupt close those efforts which were running parallel with those of the homœopaths.

Finally, in attempting to put homœopathy in evil repute with the common people, the following charges were particularly effective: on the one hand, that Hahnemann had spoken with sacrilegious contempt of nature and her power to cure; on the other, that homœopathy was based upon mysticism. Heckler is responsible for the first charge, and although the son of Hahn-

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emann refuted it, Joerg at a later day once more dragged it forward, to have it pass into the hands of men like Heinroth, von Wedekind, Sachs, Krueger-Hausen, Kramer, and others, even after M. Mueller had shown its fallacy. Toward the close of the second decade, the former charge was dropped for good, since its authors had not only commenced to realize its lack of foundation, but went much further by considering foolish and criminal that overdosing with the most horrible drugs which at one time had been with them a sort of worship of nature's curative power; they now declared Hahnemann's attempt to guide and direct nature with small doses as something quite superfluous and merely a piece of quackery, and supplanted it by instituting the purely expectant, skeptical reform.—The other charge, for which Wedekind is responsible (Arch. Vol. VII., p. 82), was repeated by Zimmermann in his "General Church Gazette," was enlarged and commented upon by Reche, Balz, and others, and placed in the same category with St. Simonism and Jesuitism, and was shown to be without ground on the very face of the homœopathic literature. The latter proved that in all its doings reason had supreme sway, based upon clear observation and experience, and that they were open enemies of these secret doings to which the allœopaths so commonly resorted to insure *Success d'estime.*

* * * * *

Incidentally we stated that with the help of the Leipzig homœopaths the technical features of the new science had become materially perfected, as will be seen from the following:

Up to the year 1821, Hahnemann had made his triturations in porcelain mortars with sugar of milk, but the capsules for the patient he filled with pulverized oyster-shell, adding to it the necessary amount of the trituration. At that time pure, white milk-sugar was an expensive and rare article, for its chief source of supply, Switzerland, made and exported only small amounts. It became the first care of our people at Leipzig to secure it in larger amounts and of better quality, for, like Hahnemann, they were obliged to prepare all their medicines. They were not satisfied with this, but in making triturations they called attention, first of all, to the unreliability of the porcelain mortars which contained foreign matters, and which in spite of careful

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washing retained in the cracks small particles of substances previously prepared in them; in their place they made use of mortars made of marble. At about the same time, Hofrath Hennicke, of Gotha, editor of the "Reichsanzeiger," an intimate friend of Hahnemann, and a brilliant popular champion of homœopathy (facts which led the opponents of our school to speak of him as an homœopathic *Sancho Pansa*) agitated a matter which resulted in considerable loss to the guild of apothecaries. In the place of the allœopathic family medicine chests, which usually contained nothing but cathartics and wondrously misapplied and misused herbs, and even as a substitute for all existing pharmacies, he suggested homœopathic family medicine cases, and appealed to physicians and laymen to give his suggestion a trial, Thus commenced the trade in family, pocket, and traveling medicine cases which was cultivated a few years later, here and there, by physicians, but especially by certain laymen and pseudo-apothecaries who unfortunately became historical personages. Again, those of Leipzig saw to it that these chests became a union of the useful and the beautiful.

At first there was a scarcity of proper glassware, especially of the Liliputian vials for pocket cases. It was evident that the goose quills which had been utilized in private practice as containers of the remedies, offered an ill exterior for purposes of trade, and the neighboring Bohemia brought to this new industry skill and zeal. From these, attention was directed to the corks and cases, and finally to the globules, from which latter all starch was removed to prevent discoloration and crumbling to pieces, and which were made ranging in size from the Parisian *non pareil* to that of a pepper-seed. As early as 1828, there could be had perfect specimens of elegance in pocket cases, chiefly made by Lappe, an apothecary of Neudietendorf, of whom Hahnemann was in the habit of ordering several remedies. Finally those apothecaries were looked after who appreciated the value of the new reformation, and after several years' instruction at the hands of Hauboldt, of Leipzig, Christian Ernest Otto, of Roetha, near Leipzig, was the first to establish a regular homœopathic pharmacy, wholly separated from his allœopathic drug-store. There was, however, the drawback that these pharmacies were kept in the same house, even if not in

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the room, occupied by the drug-store, hence did not fully meet the strict demands of the exacting homœopaths,—this was done by the later organized Central Pharmacy of Leipzig, which was under the immediate supervision of the local physicians.

A VACCINE FARM.

The vaccine propagating establishment of John Wyeth & Brother is on the estate of "Rokeby," the country seat of the senior partner. This estate is beautifully situated near Westown, a station on the Westchester Railroad, in Chester County, and about forty miles from Philadelphia. The land is undulating, fertile, well-watered and admirably adapted to grazing and the care of cattle. Fortunately, there are no great herds, and no epidemics amongst the usual small herds, of farmers common to this region. The buildings of the vaccine propagating establishment consist of two stables, an operating and storage house. The stables have each a capacity of forty heifers. Special attention has been given to heating, lighting and ventilation—to all the elements of a correct hygiene in respect to bovine sanitation. The air space is ample, the windows large, admitting an abundance of light, and the stalls roomy enough to permit free motion of the limbs. The temperature is kept uniform by a special heating apparatus, and at the same time the air is freed from excess of moisture and foulness. The walls of the stable and operating rooms are lined with hard wood and the floors are made of asphalt. The drains for the removal of liquid matters are so constructed as to secure immediate results, and the solid excreta are promptly disposed of. The operating room is similarly equipped, and in respect to all the necessary conveniences for carrying on the work of procuring vaccine lymph is unsurpassed. Skilled assistants are in charge of every part of the work, and the selection and examination of the heifers to be used as vaccinifers and the direction of the inoculations, is under the immediate management of Dr. Zuill, Professor of Veterinary Medicine in the University of Pennsylvania. The care of the lymph and its preparation for distribution and transport, is conducted in the laboratory of the Messrs. Wyeth, where there is every facility for the purpose, especially

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that kind of facility combined with accuracy of detail, which is the chief endowment of an accomplished pharmacist.

The Wyeth vaccine propagating establishment has, thus, a capacity for the production of an immense supply of lymph, and its resources are capable of indefinite extension; consequently, no future epidemics will find the country unprovided with the means of prophylaxis. That the distrust of vaccine lymph which now exists, shall no longer be a justification for neglecting vaccination, the Messrs. Wyeth have ensured by procuring for perpetuation, a stock of animal lymph of the highest excellence. Looking over the world's sources of supply, they decided that the vaccine of the Belgium Bureau, originated and propagated under the direction of Dr. Warlomont, and his successor, Dr. E. Janssens, President of the Board of Supervisors of the State Vaccine Bureau and Inspector in Chief of the Hygiene Service of the City of Brussels, is the best now available—that can. indeed, be produced under existing conditions. To obtain this virus and transport it from Belgium, they secured the services of Dr. Sarjous, a distinguished physician of Philadelphia, who is, also, the Consul of Belgium in that city. Observing every sanitary precaution, Dr. Sajous successfully transported the lymph, and it is now being propagated at a rate, the only limit of which is the demand. We have thus a Vaccine Bureau which compares favorably in its appointments and in its product with the best of the official establishments. In some respects a private enterprise of this kind has distinct advantages. As the success of the enterprise as a business venture must be based on the quality of the product, it is obvious that the proprietors must exert their best efforts to maintain the excellence of their establishment. The work of an official bureau, on the other hand, is performed rather perfunctorily, and the officials are not intimately concerned to keep up its reputation.

It is a remarkable fact, that in many instances persons supposed to be fully protected by repeated insertions of humanized lymph disclose a new susceptibility on inoculation with genuine bovine virus. This result is confirmatory of that view which maintains the decadence of Jennerian lymph, and is a strong argument for the use of the bovine. If there were a final reason necessary to establish the superiority of the bovine lymph, this would, surely, supply it.

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Whilst admitting the necessity for a return to the original sources of supply, there are those who deprecate this necessity, because of the trouble which they experience in "getting the virus to take." It has been proved, over and over again, that the bovine virus is as readily inoculated as the humanized, if certain very obvious precautions are taken. As regards the necessity for using fresh and unchanged lymph, the same is true of both kinds. Lymph, the microbes of which have ceased to be active, or that has commenced to decompose, is not only without power, but may be hurtful, by setting up a septicæmia. Bovine, or animal lymph, is more readily obtained now than the humanized, and with the improved methods of storage and transportation there is no part of the world to which it may not be sent in good condition. The chief objection to the bovine lymph has been the apparent uncertainty of its development after inoculation. This uncertainty, experience has shown, is due to the faulty methods of insertion. When quills, or ivory, or bone points are used, the first step consists in moistening the lymph coating the exterior. Some patience is required for this, and sufficient time must be given to it, until the lymph is soft enough to be entirely wiped off on the scarifications. A little dexterity is required in making proper scarifications. The knife or needle must penetrate to the *rete mucosum* of the derma, and not go beneath the true skin. The layer of cells underlying the epidermis is the true soil for the growth of the virus, and in this must it be planted. Only a little blood should be drawn. It is usual to make a number of transverse scratches, until the soft tissue is reached and a little blood appears; but it is quite possible to reach the necessary depth without inflicting any pain or drawing blood. By carefully scraping off the epidermis over the necessary space, the proper absorbing surface is presently reached, and into this the virus can be subbed with the certainty of being absorbed, since all of the matter on the quill or ivory point is utilized by being confined to the exposed part of the true skin. Although the scarifications may be made very closely, much of the virus is merely rubbed on the epidermis. To insure success, it cannot be too strongly insisted on that the virus on the quill or ivory point must be softened by water before attempting to rub it in, and that the rubbing in of

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the virus be done patiently and thoroughly. It is to negle
these requisites to success, that failure is to be attributed.–
Bartholow in *New England Medical Monthly.*

SOCIETIES.

INTERNATIONAL HOMŒOPATHIC CONVENTION, 1

To the Editor of the Medical Counselor :

MY DEAR COLLEAGUE.—At the convention held in Lo
in 1881, it was determined to hold the next meeting at Brus
with a view of providing a central and neutral place at w
the Continental Homœopathists (hitherto so sparsely re
sented at our gatherings) might meet with one another
their British and American colleagues. I was desired to a
permanent secretary of the convention; and in that capac
communicated the choice made to Dr. Martiny, editor of
Revue Homœopathique Belge, requesting him to make it kn
to the Homœopathists of Belgium. In due time I lea
from him that the *Association Centrale des Homœopa
Belges* had accepted the task of organizing the meeting,
had appointed a committee for the purpose. To this body
cordingly, I made over my responsibilities, putting mysel
their disposal for any counsel or assistance they might req

I now learn, to my great regret, that our Belgium collea
find themselves unable to complete the task they have un
taken. Disappointed at the paucity of men and material
which they are threatened, they declare the Congress impr
cable, and wish to adjourn it to 1889, making Paris its sea
the occasion of an Universal Exhibition then to be held.
seems to me that this proposal cannot be accepted. Our In
national Conventions must be regularly quinquennial, if
are to be kept up at all; and the reason for preferring Bru
to Paris on this occasion continues to hold good. Many o
have made our arrangements to attend; our own British C
gress has been omitted this year to enable us to do so; and
most undesirable at this late hour to change the plans de
mined on.

I therefore feel it my duty to maintain the resolution

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trusted to me to be carried out; and in default of the Homœopathists of Belgium must myself take the initiative in its execution.

I accordingly give notice that the International Homœopathic Convention of 1886 will be held at Brussels on Tuesday, the 3d, Wednesday, the 4th, and Thursday, the 5th of August next; the first day to be devoted to general considerations bearing on Homœopathy, the second to Materia Medica, and the third to Clinical Medicine. The exact place and hours of meeting shall be announced in your next issue.

Being called upon thus late to organize the convention, I earnestly appeal to my colleagues throughout the world for their co-operation and assistance.

Let those who are able at once send me papers on the subject mentioned as those to be considered; and—as funds will be required—the contributions of all who desire to see this convention adequately carried out are hereby solicited. Dr. Dudgeon, of 53 Montague Square, London, W., has kindly consented to act as Treasurer, and will receive and thankfully acknowledge all moneys sent for the purpose. If a united effort is thus made, the convention of 1886 may not be unworthy of its predecessors in 1876 and 1881.

Begging you to insert this letter in your journal,

I remain, yours very respectfully,

RICHARD HUGHES,

Permanent Secretary Int. Hom. Con.

BRIGHTON, May, 1886.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

ANNUAL SESSION HELD AT KALAMAZOO, MICH., ON MAY 18TH AND 19TH, 1886.

FIRST DAY—MORNING SESSION.

The Society was called to order by the President, Dr. A. B. Grant, of Ionia, Mich. The most interesting feature of the forenoon session was the delivery of the President's address, an able paper which dealt clearly and exhaustively with the leading issues of the day, among them the failure of the Board of Mana-

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gers of the Northern Michigan Asylum for the Insane to appoint a medical superintendent representing the homœopathic school of therapeutics. The address was received with warm manifestations of approval, and was referred to a special committee, composed of Drs. C. J. Covey, of Grand Ledge, D. McLachlan, of Ann Arbor, Phil Porter, of Detroit.

AFTERNOON SESSION.

Report of the Bureau of Obstetrics. Dr. House, of Tecumseh, read a paper prepared by Dr. M. M. Knight, of Saginaw City, on the first stage of labor, and Dr. Cleveland presented an essay on the third stage. The discussions were participated in by Drs. J. C. Wood and McLachlan, of Ann Arbor, Philip Porter, Detroit, W. M. Bailey, Detroit, and J. S. Martin, Galesburg.

Report of the necrologist, Dr. Eldridge, of Flint: The death list includes two ex-presidents of the society, Dr. Francis Woodruff and Dr. E. C. Franklin, and Dr. Cyrus Backus. Dr. Woodruff died at Detroit, April 13. He was a pioneer homœopathist. He was a native of Seneca county, N. Y., (1821) and began practicing medicine in Michigan in 1851. He was one of the active promoters of the movement to secure a homœopathic department in the University of Michigan.

Dr. Franklin was a native of Flushing, L. I., (1822); from his 27th to 32d year of age was engaged in charge of the marine hospital at San Francisco and the Panama-railroad hospital at the isthmus; at 32 became a homœopathist while treating himself for health impaired by the Panama fever; from 38 to 50 was engaged in chairs of surgery in the institutions at St. Louis and Chicago, or in charge of hospitals and as surgeon in the civil war; for four years from 1879 he was professor in the homœopathic department at Ann Arbor. He was the author of several treatises. It has been said of him that he performed 13 amputations in one morning.

Dr. Backus died suddenly at his home in Ann Arbor, Feb. 1, aged 73. He was a native of New York and was an active friend of the homœopathic department. He came to Michigan 40 years ago.

Dr. Wilbur, of the Wilbur home for the feeble-minded, Kalamazoo, was invited to address the society, which he did, on

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behalf of the class for whom the home was founded. Members were invited to visit the institution. Dr. Cornell offered a resolution expressing the need of further public provision for this class. and the feeling of the society that the legislature should so provide. The resolution was received, subject to further action.

An interesting discussion on the treatment of Itch closed the session.

EVENING SESSION.

Convention met at 7:30. President Grant announced that the Bureau of Nervous Diseases would be opened by a paper prepared by Dr. Crippin, of Detroit, which, in his absence, would be read by Secretary Van Horn. This was an able paper on the "Ætiology and Pathology of Chorea," in which the various forms of that disease were described, and theories stated as to its cause; also remedial agents.

Dr. H. B. Fellows, of Chicago, discussed the paper just read, gave a variety of causes which induce chorea, and related a very interesting case in a child which had come under his treatment; recovery followed, though there was some paralysis remaining; he believes that in many children there is a predisposition to this disease, and children of a scrofulous tendency are more liable to it. Its symptoms are irritability and restlessness. Oftentimes it comes on so slowly as to establish itself before it is clearly defined or the attention of the physician directed to the real nature of the trouble. You find children disposed to choreic action, nervous, irritable and easily fretted, and this tends to develop the disease. He suggested remedies. All agree that it is important to give the person affected immediate treatment, to afford them perfect rest and cheerfulness, and to remove them from any emotional excitement. Especially in children is it important that they should be isolated from other children, not to be fretted or mocked; it is also beneficial to counteract the *habit* which grows continuously.

Dr. Rorabacher, of Battle Creek, followed in a paper on the treatment of the disease. Drs. McLachlan, Wood, Warren, Allen, and others, took part in the discussion, which appeared to awaken much interest. A variety of favorite remedies were given, with some details as to the reaction of the same. Taran-

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tula was a favorite remedy. The animal poisons were commended, as well as Belladona, Aconite, Phosphorus, Arsenicum, and others.

A telegram was received from the Minnesota State Homœopathic Society in session at Minneapolis, greeting the State Society in session at Kalamazoo, and wishing it God speed in their good work. This was received with applause, and the secretary was directed to respond in behalf of the Michigan State Society expressing heartfelt sympathy and assurance of co-operation.

The Bureau of Surgery was then opened by a well prepared paper by the chairman, Dr. W. M. Baily, of Detroit, on "Caries of the Vertebrae," the diagnosis and prognosis of the same; he also read Dr. Cooper's paper on its ætiology and histology, and Dr. Obetz, of Ann Arbor, contributed a valuable document on its treatment, medical and surgical. After the papers, discussion followed, participated in by Drs. Clark, Allen, Fellows, Brown, and others. The plaster-of-Paris dressing was among the best of mechanical appliances. The essays and the discussions on this matter showed that much study had been given to the subject.

Dr. H. L. Obetz reported upon the case of a person who was examined in the afternoon by a committee. Dr. Fellows, being called upon, spoke at some length and with interest on the subject of epilepsy and correlative matters.

After this bureau was closed, Dr. Pengelly, of Kalamazoo, gave a humorous poem entitled the "Doctor's Soliloquy," which was received with pleasure and warmly applauded.

The society did not adjourn until after 10 o'clock.

SECOND DAY—MORNING SESSION.

Called to order by the president. The board of censors reported favorably on the application for membership of Drs. A. T. Bodle, of Grand Rapids, C. C. Landon, of Battle Creek, and G. D. Green, of Morris. The report was adopted.

The president appointed the following committee on nominations of chairmen of bureaux: H. C. Allen, J. C. Nottingham, Mary P. Havens.

Dr. Bailey, chairman of the committee on revision of constitution and by-laws, asked further time; granted.

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Dr. H. H. Crippen presented his resignation as member of the society on the ground of expected removal from the State; laid on table.

On motion of Dr. Wood, the secretary was instructed to enroll names of members unable to be present in the list of members of the association.

The Bureau of the Diseases of the Eye and Ear was opened. Papers were read by Dr. Brown, of Jackson, and Dr. M'Guire, of Detroit, followed by discussions.

During the discussion under the Bureau of Gynæcology, Dr. Porter, of Detroit, laid special emphasis on the duty of the profession to educate the community in providing better outhouses and keeping them in good order. He also inculcated the necessity of cultivating regularity of habit in attending to the demands for which these accommodations are provided. He condemned the practice, somewhat prevalent, of reading the newspaper, the novel, or anything that occupies the mind and attention during the use of the stool.

Under the Bureau of Materia Medica, Dr. H. C. Allen read a paper on the use of Sepia. He discussed it principally in reference to ailments of women. Dr. C. C. Landon followed on the same subject. Dr. H. C. Brigham, of Grand Rapids, contributed a paper on Sepia, which was read by Dr. Allen, the essayist being absent.

The following appointments to chairmanships of bureaux were then made:

Dr. Wm. Bailey, of Detroit, Physiology.
Dr. R. C. Olin, of Detroit, Microscopy.
Dr. Martin, of Galesburg, Obstetrics.
Dr. H. M. Warren, of Jonesville, Ætiology.
Dr. J. B. Brown, of Jackson, Surgery.
Dr. J. C. Wood, of Ann Arbor, Gynæcology.
Dr. D. A. McLachlan, of Ann Arbor, Pathology.
Dr. J. N. Reynolds, of Grand Haven, Theory and Practice.
Dr. D. M. Nottingham, of Lansing, Materia Medica.
Dr. Champlain, of Chelsea, Paedology.

After an extensive discussion of the wisdom of inviting the American Institute of Homœopathy to hold its next annual session in Michigan, a motion was made, and carried, to extend such an invitation to the national organization.

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AFTERNOON SESSION.

The committee on the president's annual address submi
the following report:

Your committee on the president's address have the honor to
sent the following report:

1st. In regard to the recommendation of the president tha
proceedings of this society be not published as heretofore, etc.,
committee recommend that the whole matter be referred to the
mittee on publication.

2d. In carefully reviewing the Northern Insane Asylum co
versy, your committee would respectfully suggest that future acti
that matter be referred to the board of control, and that a vote of
sure be passed by the secretary upon the action taken by the boa
trustees in appointing a superintendent from the allopathic scho
violation of the expressed wish of the Legislature as set forth in Se
Laws of 1883, Act 177.

3rd. In accordance with the suggestions of the president i
address, we recommend that the Bureau of Hygiene and Climato
be changed to Bureau of Sanitary Science.

4th. Inasmuch as doubt may be expressed as to any official a
by the society in creating a special department for gynæcology,
committee recommend that the present arrangement be continue

5th. As there can be no doubt as to the advisability of a
perfect organization of the profession in this state, your comm
recommend that the president's suggestion concerning the app
ment of the special committee of three on organization be ado
And we further beg leave to advise that the general secretary be
chairman *ex-officio*.

6th. We recommend also the adoption of the president's su
tion in regard to chairmen of bureaux, and limiting members to
bureau; but we do not deem it advisable to require members to for
papers to the chairman two weeks in advance of society meet
Respectfully submitted.

C. J. COVEY,
D. A. MCLACHLA
PHILIP PORTER.

The recommendations of the president's address, menti
in report above, were taken up severally and adopted.

Dr. McLachlan read a paper on uræmia, and Dr. Warre
marasmus.

Under the Bureau of Theory and Practice, Dr. D. M.
tingham, of Lansing, read a paper on scarlet fever. The p
related to the clinical phase of the subject, and was illustr

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by several cases that have come within the doctor's practice and observation. The principal point in the paper was his theory of prophylactic treatment. Instead of the general or indiscriminate use of belladonna for the purpose, he suggested the use of the remedy indicated by the phase of the case making the invasion.

Under the Bureau of Pædology, Dr. L. T. Van Horn read a paper on aphthae or thrush in infants, giving its differential diagnosis, and the history of a special case in his practice, with the treatment.

Drs. A. I. Sawyer, of Monroe, and D. M. Nottingham, of Lansing, were appointed to fill the vacancies on the Committee on Legislation.

The election of officers resulted as follows: President, H. M. Warren, of Jonesville; Vice-President, D. J. M'Guire, Detroit; Secretary, Dr. Van Horn.

The Society then adjourned to meet at Lansing on the second Tuesday in May, 1887.

CHAT ABOUT BOOKS.

PURPURA. BY GEORGE WILLIAM WINTERBURN, PH. D., M. D., EDITOR OF THE AMERICAN HOMOEOPATHIST, ETC., ETC. NEW YORK. A. L. CHATTERTON & Co., 1886.

This very neatly gotten-up volume consists of a summary of all there is known concerning a pathological condition as yet enshrouded to a considerable degree in mere speculation, and is in every way abundantly interesting and instructive. Its chief merit consists in the collection of cases furnished from the practice of the author and of other homœopathic physicians, and the discussion of the remedies which have proved and are likely to prove curative in the treatment of this condition. The indications are discussed at considerable length, and with hardly an exception are given with that exactness and breadth of observation which bid fair to make our New York colleague a favorite writer. The following remedies are mentioned in this connection: Crotalus, Phosphorus, Lachesis, Arsenicum, Secale, China, Rhus, Hamamelis, Terebinthina, Erigeron, Arnica, Sulphuric Acid, Bryonia, Chloral, Iodum, Kali hydriod., Mercurius, Cuprum acet., Sanguinaria, Hydrocyanic acid, Ledum, Berberis, Lycopodium, Ferrum phosph.

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COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

Mrs. A. S. H. Gooding, '87, was compelled to leave college for a few weeks, but has returned for examinations.

Dr. Walker, of Salem, and Dr. Boyd, of Hartland, visited the department this week, bringing with them important clinical material.

Drs. H. C. Kasselman, '83, of Midway, Ky., H. J. Allen, '84, of Ishpeming, and F. B. Adams, '83, of Plymouth, recently visited the department.

H. B. Reynolds, '86, accompanied Profs. Obetz, Wood and McLachlan in attending the meeting of the Michigan Homœopathic Society at Kalamazoo last week. He reports an interesting, harmonious session.

Prof. Wood gave the seniors their final examinations in obstetrics, and the freshmen and juniors have taken their examination in materia medica. Physiology, and some other chairs, have also been disposed of.

Drs. Snell, of Charlotte, Nottingham, of Lansing, Bagley and Noyes, of Alma, Knapp, of Ypsilanti, and Adams, of Three Rivers, visited the department during the last two weeks, and furnished valuable clinical material.

At the last meeting of the Hahnemannian Society the officers for the ensuing year were elected as follows: President, Prof. H. L. Obetz; Vice-President, J. S. Campbell; Secretary, Miss M. E. Thompson; Treasurer, Miss L. A. Hendershot; Cor. Sec., D. J. Sinclair.

Dr. Sewall, Professor of Physiology, University of Michigan, has been compelled, on account of his failing health, to give up further work this year. It is understood he expects to seek a healthier climate for a time. We trust that the summer's rest will bring him back fully restored to begin his next year's work.

DR. H. R. ARNDT BEGS THE INDULGENCE OF CORRESPONDENTS FOR UNAVOIDABLE DELAY IN REPLYING TO JOURNAL-COMMUNICATIONS, PRIVATE LETTERS, ETC. THE VERY SERIOUS ILLNESS OF HIS WIFE RENDERS IT ABSOLUTELY IMPOSSIBLE, FOR THE TIME BEING, TO ATTEND TO CORRESPONDENCE OF ANY SORT.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.

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EDITORIAL CHAT.

An anonymous writer in the *New York Medical Times*, of June, '86, comments somewhat sententiously upon the propriety of the appeal recently made by the trustees of the New York Homœopathic Medical College for an endowment of $250,000, to be used in equipping this institution with laboratories, etc., and bluntly expresses the hope that said appeal will meet with no response unless the "sectarian" name be promptly dropped, and other changes made as suggested by the zeal and wisdom of the anonymous writer. "Let sectarian names be dropped, and sectarian teachings be abandoned by medical institutions. What a magnificent spectacle, that of a chair of 'Institutes of Medicine,' and a chair of 'Therapeutics' from which the pupil shall learn all that there is known of Medical Philosophy, and be impartially taught the various means and methods of curing disease and be free to make an intelligent choice! Let no one fear that the truth of homœopathy would suffer by such a state of things. We sincerely wish that the Faculty and Trustees of the New York Homœopathic Medical College could be made to see their way clear to adopt the suggestions we make herewith, namely, either to drop the term 'homœopathic' from their charter, and with it its devotion to Hahnemann, or broaden their curriculum so as to embrace Old School Therapeutics."

The communication commands attention. Not that there is in it the slightest trace of anything "new," or savoring of originality, or a suggestion that would hold the attention of the dispassionate reader, if presented in the proper place; the features of the article which induce the reader to glance over its

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lines a second, and a third, time, consist on one hand of the mountainous stupidity of the writer and of the boldness with which he expresses sentiments by him known and calculated to offend thousands of thoroughly sincere, thoroughly candid, thoroughly successful physicians, and, on the other hand, the fact that such an article appears in a journal which until a comparatively recent date was devoted to the interests of homœopathy, and which, even now, derives a goodly share of its inspiration from physicians of the homœopathic school of therapeutics.

The stupidity of the writer, whoever he may be, is shown in the suggestions made as "improvements" upon the present state of affairs: "What a magnificent spectacle, that of a chair of 'Institutes of Medicine,' and a chair of 'Therapeutics,' from *which the pupil shall learn all that there is known of Medical Philosophy* (the italics are our own), and be impartially taught the various means and methods of curing disease, and be free to make an intelligent choice." Ye Gods! what is our friend thinking about? Fancy a man, or two men, if you please, "*teaching a pupil all that there is known of Medical Philosophy*," etc., etc., and especially in a short-term college. Of the men who have heretofore openly advocated a breaking-down of barriers, there is not one whom we dare suspect of such a measure of stupidity as to make the above suggestion in a state of even comparative sobriety. Truly, our anonymous friend either has no very clear idea of "all there is known of medical philosophy" or he is shockingly careless in the use of language; perhaps he is amusing himself at the expense of his confiding readers.

At the same time, there are seen "ear-marks" which, to say the least, give to the entire performance a very disagreeable, ugly look. Why, in the name of common sense and justice, should the New York Homœopathic Medical College drop "its devotion to Hahnemann?" Has Hahnemann of late been proved a fool, a liar, a thief, or even only a charlatan, an ignoramus, or a plagiarist of sufficient magnitude to be placed by the side of the great Ringer, Brunton, and others of the authorities who constitute the very sinew and backbone of that famous modern wing of "Old School Therapeutics?" If we grant Hahnemann

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a portion only of the renown he has fairly won, the half-dozen, or so, of medical colleges which bear his name may well point with honest pride to their patron-saint. Truly, "it belongs to us to see to it that Hahnemann's name forever occupies the place he earned for it. If a diseased kidney perpetuates the name of a Bright; if a bronzed skin preserves from oblivion the name of an Addison; and if a fractured wrist daily reminds us of a Colle, why should not the name of that man who revolutionized the world of medicine endure forever?" * The name of Hahnemann, the therapeutist, will be a household word and will be spoken with reverence when the generations of medical men to come shall consult dictionaries to recall and to place a Ringer, or a Brunton, or a Bartholow; and not all the sneers of the half-taught will do away with the solemn fact that Hahnemann stands before the medical world as a pathologist of the very first rank, who, as a teacher and writer, was merely unfortunate enough to be a half-century in advance of his day and generation. *His name will endure forever!*

The New York Homœopathic College, we are sure, will *not* consent to drop its "sectarian" name, even if by so doing it could secure an endowment of millions and, what may be even more valuable, a gentle "well done, faithful servant," from the anonymous, but brilliant, contributor to the *N. Y. Medical Times*. The American Institute, or the Homœopathic Medical Society of New York, or of Pennsylvania, of Ohio, of Michigan, of Massachusetts, of Texas, or of any other state, will *not* drop the "homœopathic," even though the silly cry of "sectarians" is sounded again and again, to all possible tunes on all possible keys with all sorts of variations by foes within or without. Nay, the name will *not* be dropped even though such a step may be urged in season and out of season by those within our own ranks who honestly believe in the expediency of so doing. Our institutions of learning will *not* drop the "homœopathic" even though so doing might bring endowments, and honors, and that "professional recognition" for which some men sigh as fervently as the weather-beaten old maid of fifty is *presumed* to sigh for the cooing voice of some enamored swain.

* "The Doctor Talks." *Medical Era*, June, 1886.

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And this refusal "to be obliging" by merely dropping a name, is it the result of bigotry, of selfishness, of mercenary motives? BY NO MEANS! The intelligent homœopathic physician is no bigot, for he does not entertain the idea, and does not make the claim, that the law of the similars contains *all* there is of medical truth; he does not deny to those differing from him the sacred right to work out their own salvation as they please; he does not limit his own attention to the therapeutic measures of his own school, but, as all true physicians should and *must* do, he keeps close watch upon all there is done toward alleviating sickness and suffering; and he usually succeeds in doing this without pretense or sham.

Selfishness has nothing to do with this refusal. The occasion for playing the martyr has long since passed, and no one wishes for its return. But an avowal of faith in homœopathy is no stepping-stone to fortune or to a ready recognition of one's merit, save in the capacity of a private practitioner. Advancement in public life is almost surely retarded, often wholly thwarted, by the fatal confession. The graduate of an homœopathic medical college may be a man of unusually fine attainments in his profession; he may be known to excel as a practitioner, and to be in all respects an upright, honorable, cultured gentleman; all this counts for nothing when he presents himself for examination with a view of entering the medical department of the army or navy. Would selfishness then prompt a man to be a sectarian?

It is so in a business-way. To be sure, homœopathic physicians everywhere hold much more than their share of the most desirable practice in large cities. But why? Simply because the intelligent and the observant have learned to realize the fact that physicians of this school are generally the most successful practitioners. Outside of this fact, all private practitioners, as such, stand on the same level and take the same chances, and so long as even in Michigan a homœopath is likely to apply in vain for an assistant-surgeoncy in the militia of the state, so long as in the majority of cases a special effort is always necessary to secure any appointment to public office for a homœopath even when the appointing officer himself is warmly in favor of the system, none but an idiot can claim

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that sordid motives and special personal advantages arise from adhering loyally to the school.

If, then, neither money nor advancement or prestige are gained by maintaining a separate organization, why should any sensible homœopath urge the necessity of maintaining the organic integrity of the school, and how can such an one justify the propriety of sustaining the barriers which, it is so ably and persistently urged by some, retard the advancement of medical science?

Of the many reasons which have been given off and on, the one of paramount importance is this: The advancement of medical science is not only *not* hindered by the separate organic existence of the schools, but the rapid strides forward, more particularly in the field of therapeutics, is the result of this very organic separation. The homœopathic school is simply an association of specialists in practical therapeutics, and in this capacity has done an immense amount of valuable work, creating not only a system of therapeutics wholly its own, unexcelled in clearness and scientific precision, but modifying and giving distinct coloring to the therapeutics of the dominant school. The most important works on therapeutics issued by the dominant school amply prove the correctness of this last proposition.

Leaving out of consideration every advantage arising to us from a separate organization, the one great question to be considered when we discuss the wisdom or duty of disbanding, is unquestionably this: Has homœopathy reached its fullest possible development? has it become crystallized into something so distinct, so easily recognized, that it can be trusted to the tender mercies of the general profession, that there is no danger of its being lost amid the rubbish which has accumulated during all the ages passed? After many years of trial, after patient study and work by thousands of practitioners, after untold clinical tests with it, is it now "in shape", clearly outlined and easily applied, so the homœopathic school may say to the profession at large: "here is the treasure which we have accumulated; here are the plain rules, the unmistakable facts; take them as the common inheritage of all; you cannot lessen their value;

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you cannot misapply them. You cannot undo our work if y
would. It is a *complete* thing, and such we give it to yo
Can we say this? And if so, *has the profession at large sho
willingness and fitness to assume the trust?*

On the latter point we can easily satisfy ourselves by t
most careless watch upon the literature of the dominant scho
It shows a surprising lack of knowledge of the real worth
homœopathic principles; it shows a degree of ignorance of t
questions and points involved which is a source of constant s
prise to the intelligent reader, and an amount of arrogan
which contrasts strangely with the greed shown by their m
ern therapeutists to avail themselves, "on the sly," so to spe
of many of the facts absolutely belonging to the homœopat
therapia. So far as actual *doing* is concerned, the mod
therapeutist constantly and very clumsily imitates the homo
path, often in blissful ignorance of the very fact that his me
ure of success as a physician conclusively proves the soundn
of Hahnemann's teaching. So far as arguments or calm a
honest reasoning go, our friends at best find themselves in t
position of the lady who, having been charged with mulishn
and unwarrantable conceit, affirmed that she was "always op
to conviction," adding, however, with flushed face, flashi
eye, and clinched fist, "but I would just like to see the m
who'd undertake to convince me."

Our friends of the dominant school know too little of t
spirit of homœopathy to appreciate its beauty; they are too f
of professional conceit and, let us in charity presume, too bu
with other matters, to feel disposed to *un*learn and to lea
they are as yet not at all qualified to act as the faithful guar
ans of the treasure which we cannot and dare not surrender u
til the profession at large are in fit condition to properly val
it, to take good care of it, to make the most of it.

But granted the auspicious moment had come, and the p
fession at large were willing and prepared to receive the tru
Have we completed the task intrusted to us? have we finish
the work? Is the jewel polished and duly set? Is our mate
medica possessed of clearness, easily-worked, scientifically p
cise? Can we tell exactly what arsenic, or nux, or any oth
drug, will do, and what it will not do? Can we point out clea

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where dynamic agents cease to be useful and where material substances must be employed, and where mechanical agents are the most efficient? Can we positively affirm under what circumstances to employ the lower attenuations, and when the higher? What do we actually *know* of the pathogenetic properties of the drugs which we daily prescribe? Are our clinical tests fully utilized; are they fully reliable? Can we explain why some men believe in the astonishing and often dangerous power of infinitesimal attenuations of moon-shine, potatoe-peelings and bed-bugs, and are still petted and quoted as simon-pure homœopathists? Can we account for the many strange freaks of some of our own people who habitually use quinine after the most empirical fashion, write compound prescriptions, and yet claim at no time to violate the law of homœopathy? These, and a thousand like, questions must be affirmatively settled before we can soberly think of breaking-up our organization and cease our labors as specialists in practical therapeutics.

All of us agree that our law of cure on its face is very simple, that it is generally satisfactory in its workings; that it is in a majority of cases easily applied; that our materia medica is infinitely more scientific than the materia medica of any other school; that homœopaths have faith in the efficacy—often wonderful—of medicines, because they have *proved* their efficacy after other means had failed, etc., etc. But those who measure their words will not claim that the law of the similars is of universal application, and affords in *all* cases the *only* way of curing the sick; they will be slow to affirm that our materia medica meets the just demands made upon it as fully as we wish, and as it must before a full measure of scientific precision can be claimed for it; they will not readily commit themselves where there is discussed the limit of possibility in regard to the efficacy of medication under the homœopathic law, for they on one hand know full well that seemingly incurable cases often recover under its benign influence, while on the other they realize too painfully that many of the most calamitous diseases still defy, and are likely in the future to defy, our most energetic and most skillful measures. In other words, our intelligence and experience lead us to stake upon the correctness of the law of

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homœopathy the welfare of our sick and our own reputation as physicians, while honest investigation, close observation within and outside of our own field of labor, and common sense, establish the necessity of applying this law with discretion *and to the conditions to which it is really applicable*, and to utilize promptly whatever outside aids may be brought to bear upon the sick to insure his recovery.

Homœopathy is like a mine which has yielded untold wealth, and promises to yield more and more *if properly worked;* why should we abandon it, or place its "working" into the hands of people who neither appreciate its riches nor possess the willingness or experience to employ methods which alone have yielded satisfactory results.

Let us continue to maintain the organization formed for the special purpose of exhausting this mine, and, above all, let us take pains that the precious ore mined be so handled that all the dross be expunged in the most practical and economical manner. In the meantime, coin the precious metal already won, put it into the most available shape, and when it has assumed a form in which its greatest possible usefulness is insured, distribute it freely among the nations of the world, a blessing wherever it goes. But do not trust to unwilling and unskillful hands the safety of the entire venture, nor forget that the value of the treasure itself depends upon its absolute purity, upon the shape in which it is cast, and upon the die which is to stamp upon it the final guarantee of intrinsic value.

To drop the term homœopathic; to disown Hahnemann; to disband the school; to surrender our individuality—all these suggestions may be so clothed in fine rhetorical garb as to lose some of their ugliness and to appear plausible, perhaps practical. They have been made, and will be made, again and again, to be promptly rejected by an overwhelming majority whenever and wherever they are put forth. When homœopathy shall have been developed to its utmost capacity, the dross expunged, and we can see her, our beloved science, in form so fair that all the medical world will woo her, and will cherish her tenderly, then the barriers will fall of their own accord. To break them down sooner would be an act of folly and would, more than any other agency, retard the healthful growth of Therapeutics.

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EYE AND EAR.

IRITIS.

SIMPLE OR PLASTIC AND RHEUMATISMAL.

I have chosen the above triple heading for this paper for the particular reason that it will serve to simplify the classifications of the diseases of the iris, made by different authors; and for the further reason that anatomically these different conditions answer to the same general description, viz.: that the exudation or inflammatory product is found upon the surface of the iris rather than in its stroma, as in the parenchymatous form.

In the use of the term *rheumatic iritis* I feel that no apology is called for, rheumatism being now, in the minds of so many observers, an ætiological factor in a large number of these cases; and speaking for myself, I may say that my own observations abundantly justify the position. Clinically, however, you cannot always make the distinction between the rheumatic and the non-rheumatic varieties; the only rule applicable under these circumstances is that in proportion as the case is tedious, with tendencies to relapse, more especially if there have been previous attacks, you may suspect a rheumatic base. Those suspicions will then generally be strengthened by the existence or a previous history of some general rheumatic condition. The character of the remedy indicated or selected will also often point in the same direction, e. g.: Rhus tox. has often relieved a relapsing iritis after prolonged mydriasis and the free use of Quinine, Potash and opiates had failed even to control pain.

Symptoms.—First allow me to suggest that owing to the peculiar anatomy of the vascular system of the eye, the symptom of hyperæmia is in itself untrustworthy in locating an inflammatory process in that organ. To illustrate, conjunctival hyperæmia exists not only as the result of direct irritation or disease of that membrane, but is symptomatic of many of the diseases of the deeper structures of the eye, and results from reflex conditions also; as an auxiliary symptom or danger signal it is of value, and should always suggest the importance of further examination, to ascertain whether and where the posi-

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tive evidences of disease exist, these being tissue change and impairment of function. The iris has lost its lustre, becoming dull, and if the process be prolonged or severe, the color will change; vision may be either only slightly impaired, or seriously affected. The congestion of the peri-corneal vessels, although occasionally absent, is generally well marked, and in conjunction with the foregoing symptoms is diagnostic; but to make the diagnosis certain, you must test the mobility of the pupil. Where you are in doubt about the existence of an inflammation, close the sound eye with one hand, and with the patient before a window, alternately cover and uncover the affected one. If this does not enable you to reach a conclusion, use a weak mydriatic, such as a two per cent. solution of Cocaine hydrochlorate, or a one per cent. solution of hydrobromate of homatropia. If under these agents it dilates irregularly, or not at all, use a one per cent. solution of atropiæ sulph., which remedy will now be necessary to maintain full mydriasis. The object of using the weaker agents first, is in case no inflammation exists you have not unnecessarily annoyed your patient with a blurred eye for a period of eight or ten days, as is the case after the use of Atropine.

Course and Tendency.—The course of a simple iritis may be mild, accompanied by but little pain or discomfort; the exudation may be small in quantity, producing only feeble adhesions between the iris and lens capsule. In these mild cases the peculiar ciliary congestion is well shown in the pink zone of straight radiating vessels around the scleral border of the cornea. Where the course of the disease is more severe, the ocular conjunctiva becomes extremely red, its net-work of vessels covering and disguising, to the inexperienced eye, the more characteristic appearance in the sclera; pain, situated in one or more of the branches of the fifth nerve, is often very severe, being most pronounced during the afterpart of the day and at night. The globe becomes sensitive to touch, and sometimes has its tension increased. Adhesion of the pupillary edge occurrs at a very early stage, the pupil becoming very small. If the exudation is large and the pupillary border much swollen, or the case neglected at this stage, broad synechia will form which may resist all efforts to break up. The pupillary space

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may also become clouded by a layer of lymph, which permanently affects the vision. Permanent adhesions are a constant menace to the eye, serving to excite subsequent attacks, and rendering them at the same time more difficult of management. So that we have in simple and rheumatic iritis a condition which may run its course in a few days, or, if neglected, may continue for months, ending in the loss of sight.

Treatment: a. local; b. constitutional.—I know of no disease the treatment of which will more keenly tax a discriminating judgment than that of this delicate membrane. You therefore must not expect in a paper of this character to get an exhaustive therapeusis. I shall attempt only to point out general indications and the measures with which to meet them; by the use of these, mild cases may be successfully managed, and the more severe ones saved from destructive changes until special knowledge or advice can be obtained.

The main point in the treatment of any form of iritis is to keep the iris in a state of rest; this is accomplished by the exclusion of light and the use of atropine. Protection from light is effected by means of colored glasses or the eye-shade, and by remaining in a dark room. The latter, owing to the circumstances of the patient, is often impracticable, and sometimes on account of the depressing effect upon the mind or general health is contra-indicated. But whatever protective measures are adopted, due reference must be had to the sound eye, which generally becomes sympathetically sensitive, and, where the cause is found in a rheumatic habit, is very likely to become inflamed, when you will have a double iritis to care for.

It must also be remembered that the use of the well eye, by exciting the accommodation of the affected one, becomes a source of irritation. Atropiæ sulphas is undoubtedly the master remedy in the management of all forms of iritis, excepting only the serous. It must be used in the earliest stage of the disease and continued throughout its course, unless found to disagree, when a substitute may be found in Duboisia of the the same strength, or in hyoscyamia. The irritating effects of atropine may often be avoided by the use of weak solutions of zinc. sulph. or boracic acid, one or two applications daily.

A solution of atropine of the strength of grs. iij. to ʒj, will

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ordinarily answer; but if this does not accomplish full dilatation, a stronger should be used. The remedy must be used boldly, but not so frequently as to cause unnecessary disturbance to the eye; three daily instillations will ordinarily suffice, but if the tendency to contraction is marked, you may make three or four instillations at the same sitting, at intervals of five minutes. The more marked the congestion, the less will be the effect of the mydriatic; this is probably due to the dilution of the remedy by the rapidly secreting tears, but principally to the increased tension of the globe, which interferes with absorption, and to the swollen and non-responsive state of the membrane itself. At this juncture, instead of making more frequent applications, or resorting to paracentesis for the relief of the over-tension, I have during the past few years found a most valuable agent in Eserine. This drug, as you know, has the power to violently contract the pupil, by its action on the sphincter pupillæ, and by a similar action upon the muscular fibers of the blood-vessels of both the iris and conjunctiva reduces the congestion and any increase of tension, thus after relieving pain which had resisted all other efforts, and at the same time preparing the tissues for the absorption of the Atropine. The speedy relief from pain so often observed after the use of this remedy must, I think, be accounted for by the release of nerve fibrils which had been encroached upon as a result of the vascular tension. The strength of solution to be used is one to two grs. to ʒi of water; of this about three drops are placed on the ocular conjunctiva, the lids being separated and held open long enough for the membrane to become well bathed in the solution; then the patient is asked to wait a half hour before the Atropine is applied. By this time you will find the ball of the eye very much paler, if not entirely blanched. Once in the twenty-four hours is as often as the remedy can be used with benefit.

Next in importance as a local application is heat, either moist or dry. Usually the former acts better, but occasionally a rheumatic subject will reject it and be relieved by dry heat; whichever form is used, it must be of a temperature as high as can be borne, the application to be continued only until relief is obtained. After a free interval, the application is renewed

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with the reappearance of pain. In the use of moisture it is quite important to avoid its too prolonged use, swelling and chemosis often resulting, and causing needless complications. Moist warmth is best applied by means of cloths (flannel) wrung out of hot water, with an oil silk cover. After a seance with the moist applications, a dry cloth should be folded over the eye to protect it from cold air and too rapid cooling.

Remedies.—In the first stage Aconite, Belladonna, and Nux are the remedies which will generally occur to you. *Aconite* has throbbing pain and sensation of burning heat and dryness in the eye, often with accompanying general febrile symptoms characterizing the drug, but is especially indicated if the inflammation is the result of exposure to draughts of cold air.

Belladonna has great sensitiveness of the ball to touch; throbbing of eye and head, together with such other characteristic symptoms as congestion of face, etc.

Nux has marked photophobia and lachrymation in morning; is useful first as an intercurrent.

Bryonia.—Like aconite, it is frequently indicated in attacks following exposure to cold, and more especially where a rheumatic tendency exists. The pain may be sharp, and shooting up into head or down into face, the peculiar characteristic being the aggravation from moving the eyes in their sockets.

Cimicifuga is not unfrequently called for in rheumatic iritis. The pain is severe, but, unlike the sharp and darting pain of Bryonia, is described as of a throbbing character, with full feeling of the ball, aggravated by ascending. In fact, the subjective symptoms correspond quite closely to those of the head in congestive cephalalgias, for which it is so valuable; also, more than in most remedies, the general symptoms will aid you in its selection.

Mercurius, although specially called for in the syphilitic variety, is also often our main reliance in simple iritis, particularly when the tendency to plastic exudation snd adhesions is marked. The M. solubilis will generally answer.

Natrum salicylicum, with intense ciliary neuralgia, especin a rheumatic subject, is often a brilliant remedy, but must be given in appreciable doses.

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Rhus tox. is a sheet-anchor when the disease is associated with rheumatism in other parts of the body, especially if the rheumatism is sub-acute or chronic. The lids are apt to be swollen and spasmodically closed, a profuse gush of tears following their separation; chemosis and photophobia are among the marked symptoms of this drug.

Remedies which may be valuable either as leading or intercurrents are: Apium virus, Argent. nit., Cedron, Cinnabaris, Hepar sulph., Nux vom., Spigelia, Sulphur.—D. J. M'GUIRE, M. D. [Read before the Hom. Med. Soc. of Michigan, 1886.]

J. LINDSAY PORTEOUS, M. D., F. R. C. S., M. R. C. P. ED. In the April number of the *Edinburgh Med. Journal* says. Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes." The following is one which has been used for some time by a colleague (Dr. Proudfoot) and myself, and I give the results :—

Bromidia.—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called *Bromidia.* According to the makers, it is composed of chloral hydrate, 15 grs.; potassium bromide, 15 grs.; extract of cannabis indica, ⅛ gr.; and extract of hyoscyamus, ⅛ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after-effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

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THEORY AND PRACTICE OF MEDICINE.

MASSAGE IN NEURASTHENIA.

I. HISTORY.*

History informs us that rubbing, kneading, percussion, passive and resistive movements, have been partially used in some form or other, among savage and civilized nations, from the most ancient times. The earliest definite information concerning massage appears at about the beginning of the fourth century B. C., in the works of the great Greek physician, the Father of Medicine, Hippocrates. Though his notions, like those of other ancients, were vague and incorrect with regard to the circulation of the blood, yet he used rubbing, in accordance with scientific principles, in such a way as to aid and not retard the circulation, as is shown by the word with which he defined the process, viz., *anatripsis;* literally, the art of rubbing up, not down. In this way, doubtless, he had had experience in promoting resorption of effusions, as it is now well known that rubbing the limbs upward favors the return of the circulation, relieves blood-stasis, and makes room in the veins and lymphatics for the more speedy passage of morbid products. After the acute stage of an injury had elapsed, Hippocrates applied massage, as we learn from the following words: "The physician must be experienced in many things, but assuredly also in *anatripsis;* for things that have the same name have not always the same effects. For rubbing can bind a joint that is too loose, and loosen a joint that is too rigid; and the joint must be moved about. Furthermore, *anatripsis* can bind and loosen; can make flesh, and cause parts to waste. Hard rubbing binds; soft rubbing loosens; much rubbing causes parts to waste; moderate rubbing makes them grow." These words seem like revelation to any one who has had much experience in massage, and the literal fulfillment of them may be observed when the necessary previous conditions exist. Hard and soft, much and moderate, are of course to be taken in a relative sense; for what might be hard to one person might seem gentle to another.

*From the History of Massage, by Douglass Graham, M. D., 1879.

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Herodicus first proposed gymnastics for the cure of disease; and to such an extent, we are told, did he carry his ideas, that he compelled his patients to exercise, and to suffer their bodies to be rubbed; and he had the good fortune to lengthen for several years, by this method, the lives of so many enfeebled persons, that Plato reproached him for prolonging that existence of which they would have less and less enjoyment. The distinguished Roman physician Celsus, who flourished at the beginning of the Christian era, said that "rubbing should sometimes be applied to the whole body, as when an invalid requires his system to be replenished." "As rubbing is rightly applied after the cessation of an illness, so it must never be used during the increment of a fever, but, if possible, when the body shall have been wholly free from it." With the Russians, flagellations and friction by means of a bundle of twigs are resorted to after the subject has been well parboiled in a vapor-bath. A pailful of cold water is then dashed over him from head to foot, the effect of which is described as electrifying. After this he plunges into the snow, and thus tempers himself like steel to endure with impunity his rigorous climate. The Siberians and Laplanders indulge in similar luxuries.

To Peter Henrik Ling, of Sweden, is given the credit of having instituted, in 1813, what is so well known as the "Swedish Movement Cure." From the following remarks of M. Georgii, one of Ling's pupils, it has been thought by M. Estradère ("Du Massage," 1863), that Ling claimed to have invented the movement and manipulation treatment of disease. "Let us speak of the series of movements invented and determined by Ling. Here the influence comes solely from without, and the patient submits to the mechanical impression. Ling means by passive movements all communicated movements, such as pressures, frictions, percussions, *froissement* (manipulation of the skin and subcutaneous cellular tissue), etc., motions and attitudes suitable to produce temporary or artificial congestion in an organ." The method of Ling is that of the Brahmins of India; it is that of the Egyptian priests; it is that of Asclepiades, of Pythagoras, and of Herodicus, one of the masters of Hippocrates; it is that of which Hippocrates, Celsus, Galen, Rufus of Ephesus, and other physicians, Greek and Roman, have pre-

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served fragments for us. All the movements which Ling has indicated are described in the Cong-Fou of the Tao-Ssë.

II. THE ART OF MASSAGE.*

By massage, I understand the communication of motion to the tissues of the living human body, from an external source, for therapeutic purposes. It may be *immediate*, communicated directly to the tissues by the hand of the operator; or *mediate*, communicated through the agency of mechanical contrivances or machines. In the latter case it matters not whether the motor-power be the muscles of an operator, or steam or electricity; but the latter sources of motion must of course be under intelligent and watchful supervision. The word "massage" comes to us from the Greek through the French, and means simply *kneading*,—the idea to be conveyed being that the operator works the flesh as the baker works his dough.

Massage may be performed dry, or with the aid of oil, lard, or vaseline. If we desire to produce a powerful derivative action toward the surface, and have in view the reflex thermal and electrical influences of massage, we employ it dry. If, on the other hand, the operation is to be prolonged, and if the more mechanical effects are sought, both the hands of the operator and the surface to be treated should be oiled or anointed. Dr. Graham is of the opinion that a skillful masseur will never need to resort to this expedient for protecting the skin of his patients. Like every other medical accomplishment, massage must be acquired. It is highly advantageous to learn the art, either at a clinic or from a masseur of good repute. "An important point, the neglect of which has already done the system great injury, must be insisted on: *Every physician should himself be a masseur*, and should never confide this important manipulation to the unpractised hands of an ignorant servant or attendant. The skillful performance of massage demands at least as much ability, anatomical and medical knowledge, and above all correct comprehension of the process itself, as the application of an antiseptic dressing." If, then, the physician knows how, and can spare the time, he will do it himself. If, as is more probable, he does not know how or has not the time

* From the German of Rubmayr.

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to devote to it, he will employ an experienced masseur or m
ipulator to do it in his stead, but simply for the reasons sta
and not because it is in any way beneath his dignity to d
himself.

Massage is indicated in cases where the object is to *ar*
the normal physiological processes of the organism to incre
activity, to excite a more vigorous tissue transformation an
terchange, and to reduce congestions and inflammations;
ther, it is the most efficient means of promoting the absorp
of all pathological products and deposits which can be thr
back into the general circulation without risk to the system
is contra indicated, on the other hand, in all parasitic and in
tious diseases, in morbid growths, and in the majority of cu
eous affections; further, in all diseased conditions in whic
flammatory products would have a pernicious effect upon
system, or in which the anatomico-pathological character o
morbid alteration would, of itself, constitute an insuperable
stacle to the attainment of a favorable result.

Dr. George H. Taylor (in his work on "Massage," p.
says: "While the special uses to which massage processes
subservient must be intrusted to the judgment and tact of
operator, there are certain definite principles, whose deve
ment is herein attempted, which he must understand, and
based on these which he must obey, if he hopes to obta
modicum of success in his use of massage.

1. "Whatever the nature or location of the disease (w
must be chronic), massage should be applied at such reg
daily time as suits the mutual convenience of patient and o
ator.

2. "The time of a visit of the masseur or operator is o
pied by a number of definite, distinct processes, each of w
is applied to a restricted portion of the trunk, or to a limb.
number of the processes, and the force with which they ar
plied, will progressively increase to correspond with the
provement attained by their use.

3. "The commencing processes should usually be at
extremities, more frequently the lower. This corresponds to
natural habit and requirements of the healthy organism. C

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ations for the lower limbs should alternate with those for the upper, the trunk being approached by stages.

4. "The processes should be brief, each requiring one or two moments only.

5. "An interval of time should elapse between all processes, at least three or four times that occupied by the process; five to ten minutes are usually necessary. During this interval the patient lies in an easy position, *entirely quiet.*

6. "The degree of force of the processes applied must be apportioned to the degrees of irritability of the different parts of the body, and must be greatest to the least irritable parts.

7. "It follows, that parts affected by localized disease must always be approached gradually and tentatively, so as to avoid, even indirectly, the production of disagreeable sensations. With the processes properly adjusted, the irritability and liability to local pain disappear as the local diseased organs are approached, and no other than agreeable sensations are evoked by the process.

8. "An hour or two spent in the application of the processes, with their intervals, is quite sure to superinduce a feeling of, and a desire for, repose, which often culminates in sound sleep. This quietude, under the circumstances, is positive evidence of the following effects: preponderance of nutritive activities in the muscular sphere; diminution of the same in the nervous; improved quality of nutritive fluids by oxidation; improved distribution of the blood, and proportionate rectification of the causes without which no disease can exist."

Dr. Mitchel, in "Fat and Blood," refers to the treatment of nervous disorders by seclusion, rest, and very liberal feeding; seclusion, which cuts off excitement and foolish sympathy; rest, so complete as to exclude all causes to tire; massage, which substitutes passive exercise for active exercise, and, by depriving rest in bed of its essential evils, leaves only its good: these means enable us to overfeed our patients, and enable them to digest with ease large amounts of food.

In womb-troubles, in married women, a thorough examination should be made to begin with. If there be only congestion and its consequences, we can trust to general treatment for cure. If there be marked displacements, or excessive men-

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struation, correct the displacement, and search the womb for the possibte cause of the flowing. Grave fissures of the neck, or perineal rupture, had better be treated at once, if the patient be in moderate good health; but, if in extreme feebleness, wait for a return of better health for mechanical interference. In the virgin, especially where there may, by the peculiar nervous condition, be an objection to local treatment, misplacements have been cured by the "rest cure." Spinal maladies are also cured by rest. Ordinary prolonged rest enfeebles circulation, weakens digestion, lessens the appetite, and constipates the bowels. The heart loses twenty or more beats a minute. To obviate this, massage should be used daily, half an hour or more. Nourishing oil may be rubbed into the skin.

In spinal irritation the back should be kneaded, working toward the sore spots by degrees, and later on treat them thoroughly, lessening and destroying sensation, and thus cure. Fat women can easily and with safety lose their fat by being in bed and treated with milk, massage, and rest.

Special Instructions.—An hour is chosen midway between the meals, the patient lying in bed. The manipulator starts at the feet, and gently but firmly pinches up the skin, rolling lightly between the fingers, and going carefully over the whole foot; then the toes are bent and moved about in every direction, and next, with the thumbs and fingers, the little muscles of the foot are kneaded and pinched more deeply, and the interosseous groups worked at with the finger-tips between the bones. At last the whole tissues of the foot are seized with both hands, and somewhat firmly rolled about. Next the ankles are dealt with in the same manner, all the crevices between the articulating bones being sought out and kneaded, while the joint is put in every possible position. The leg is next treated, first by surface pinching, and then by deeper grasping of the areolar tissue, and last by industrious and deeper pinching of the large muscular masses, which, for the purpose, are put in a position of the utmost relaxation. The grasp of the muscles is momentary, and for the large muscles of the calf and thigh both hands act, the one contracting as the other loosens its grip. In treating the firm muscles in front of the leg, the fingers are made to roll the muscles under the cushions of the finger-tips. At brief in-

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tervals the manipulator seizes the limb in both hands, and lightly runs the grasp upward, so as to favor the flow of venous blood currents, and then returns to the kneading of the muscles. The same process is carried on in every part of the body, and especial care is given to the muscles of the loins and spine, while usually the face is not touched. The abdomen is first treated by pinching the skin, then by deeply grasping and rolling the muscular walls in the hands, and at last the whole abdomen is kneaded with the fleshy part of the palm of the hand, in a succession of rapid deep movements, passing around in the direction of the colon.

When improvement has taken place sufficiently to warrant walking about the room, preparation should be made by spending one-half hour in exercising the limbs. Swedish movements can be used with advantage at this stage; flexion and extension of the foot at the ankle, and of the leg at the knee, the patient resisting meantime. Extension and flexion should be made with the patient resisting just enough to keep the opposing muscles on a tension during the whole movement; no more strength to resist should be used than just that. It needs some concentration of mind, and is very useful to help develop the power over the muscles. Three or five minutes is long enough for that particular movement.

CASE 1.—Mrs. S. Her last child a year old. When carrying her child, she was troubled with a very severe nervous cough, which resisted treatment; had suffered with pain in the back and nervous exhaustion since her labor, which was tedious. She came to me on recommendation of her physician (a homœopath), declaring she would not take another dose of medicine, as it had done her no good. Treatment was given in my office. I began kneading the muscles about the shoulders going toward the spine, then the muscles in the lumbar region, and the nates. Next I kneaded and stroked the lumbar region, approaching the spine in that location. ending by kneading and firm rubbing outward from the spine. Before the first treatment, which lasted half an hour, was finished, her back-ache, which had been severe, left and never returned. After the treatment she reclined on a lounge for one hour or more, sleeping. The treatments were given three times during the first week, twice dur-

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ing the second and third weeks. She gained about fifteen pounds during that time, and was in every way improved.

CASE 2.—Miss B. Sick with nervous exhaustion, neuralgia in back and hips, and sleeplessness. Had been under allopathic treatment for typhoid fever for some weeks. She was given massage of the back and legs, alternate days for ten days. Relief from pain and nervousness followed the first treatment, and she fell into a quiet sleep at once. The pain returned in a few hours, but gradually lessened, and she made a good recovery. In this case there were homœopathic medicines used; but I am satisfied I could not have held the case except for the massage, as the immediate effects following its use were always noticeable, and she had not enough faith in homœopathy to wait for the action of our medicines.

CASE 3.—The wife of a physician had been in a very feeble state for several years, following an attack of diphtheria. Had an attack of pneumonia in the spring, which left her with pain in the right shoulder and chest, and in the back of the neck extending down between the shoulder-blades, and weak heart action. There was prostration after sleeping (*lach.*'o had been a prominent medicine in the pneumonia). Commenced very mild treatments, directed especially toward relief of the pain in the neck and shoulders, which were followed by relief of pain and restlessness, and by gentle sleep. The treatments were given daily; the time occupied gradually lengthened, and the force increased as she gained in strength. As she grew able to use voluntary force, partial active and passive movements of the limbs were given, and acted as a healthy stimulant and tonic. There was a gradual gain in strength and courage during the two months continued treatment.

J. M. BARTON, M. D., Worcester, in *Trans. Hom. Med. Soc. of Mass.*

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MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.

[CONTINUED.]

On December 16th, 1819, the apothecaries of Leipzig presented to the city council a memorial in which they complained of the encroachment upon their privileges by Dr. Hahnemann's dispensing his own medicines, "still reserving for themselves the right to present, as bearing upon the same point, the names of those young medical men (chiefly as yet medical students) who also themselves dispense the prescribed medicines."

On February 9th, 1820, he appeared before the court, made a brilliant verbal defense, and besides presented the following

RESPECTFUL MEMORIAL:

Non debet cui plus licet, quod minus est non licere.
Ulpian, lib. 27 ad Sabinum.

The claim of the honorable apothecaries of Leipzig "that by dispensing my own medicines I am encroaching upon their privileges" is untenable for the following reasons:

My method of treatment has nothing in common with the prevalent system of medicine; it is much rather directly opposed to it. It is a *Novum quid* to which the old laws bearing upon the dispensing of medicines are not applicable.

The old system requires compounds of mixed medicines, *each containing several ingredients, and in considerable amounts, determined by weights and measures.* The filling of these recipes, usually composed of several remedies, requires skilled, and often irksome, labor and loss of time; these the average physician is unable to afford, since he is busy visiting the sick and, as a rule, does not possess the skill to combine the numerous, and often heterogenous, drugs; he is therefore glad to have at hand a skilled assistant, the apothecary, who relieves him of the laborious, time-absorbing preparation of these medicinal compounds, i. e. the filling of the recipe, the *dispensing* of prescriptions. For whenever the medical laws speak of *dispensing*, they in every instance, and without exception, mean by it: *Ex diversis pensis componere* (dispensare); and, in fact, they cannot mean anything else since up to this time all the pre-

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scriptions of physicians were *compounded*, that is: recipes consisting of a number of medicinal ingredients. The Universities, the colleges in which therapeutics are taught, the clinical hospitals and the polyclinics up to the present day still teach the cure of every disease in this one form of "recipes," that is, *by furnishing to the apothecary instructions as to the different medicines which he is to combine in one compound.* Furthermore, every young physician who presents himself for final examination, before being passed, is obliged to prove that he has had proper instruction in the art of writing recipes, and that he understands how to combine in one recipe the several remedies the patient is to take, for in accordance with dominant medicine each prescription for the sick must contain more than one medicine, several medicines written one below the other in accordance to certain rules. Thus written, it was left to the apothecary, and to him alone, to prepare it, to combine the different ingredients in accordance with the laws of pharmacy.

This privilege to prepare for the physician, and according to certain scientific rules, these compound prescriptions, has been reserved by law as the exclusive privilege of licensed apothecaries, so that the prescription might not be spoiled by an ignoramus or by persons who do not possess drugs of the proper purity and fitness, since the physician, busily employed with his patients, would not have the skill to himself prepare these mixtures, nor the requisite amount of time.

All the medical laws issued by the royal government bear upon this dispensation and preparation of prescriptions for *compounds* as belonging exclusively to the licensed apothecaries. *This is the exclusive privilege of the apothecaries, and it is* THE ONLY ONE, TO WHICH THEY, by the law of the land, ARE EXCLUSIVELY ENTITLED.

The new method of cure, called homœopathy, which differs most pointedly from the dominant school of medicine, has no recipes which it might hand over to the apothecary, has no compounded medicines, has in their place a single, simple remedy for each individual case of illness.

Hence the term *dispensare* cannot be applied to it, and the laws, when they make the dispensing of remedies (the skilled labor of combining and making into one compound) the exclu-

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sive privilege of apothecaries, cannot by any means be applied to the new, the homœopathic, school of medicine.

Since every art, in the course of centuries, admits of improvements which must be welcome to every civilized state, so the art of medicine can and, to reach perfection, must advance.

If now, in the order of an all-wise providence, there arises the art of curing disease (more quickly, more surely, and more permanently) without employing compound remedies, and if physicians are found who know how to treat successfully each disease with only one simple remedy, no special privilege bearing upon the preparation of compound-prescriptions, can stand in the way; it cannot block in its beneficent growth this more perfect, new art of cure; it cannot hinder the physicians, to whom all the forces of nature must be left available for the relief of suffering humanity, from curing by the employment of any force best adapted to this end, he himself employing all kinds of nature's forces, as the use of mesmerism, galvanism, electricity, the application of the magnet, and the employment, directly by his own hands, of each and every simple medicinal substance, for in the exercise of this right he has not been limited, and could not be limited, by the enactment of any medical law.

For where can be found in any medical law of the land a single syllable prohibiting physicians giving *simplica* to their patients?

And so long as the laws contain nothing of this sort applicable to physicians; so long as no patent of the apothecaries refers to the exclusive right to dispense the *simplicium;* so long as even the ignorant root-diggers and the old women who gather herbs are permitted to sell to the afflicted in the open market place, for cash, *simplicia*, medicinal roots and herbs, so long it will scarcely seem proper to deny the scientific physician who has studied nature, who is acquainted with the properties of her products and with the diseases which afflict humanity, the right to hand to his patient, for his relief and without charge, the simple remedy which is the most likely to cure his disease.

This is exactly the case in the new system of treating the sick which I have originated and which is something quite different from the old method. In my text-book on the homœo-

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pathic method of treating the sick all recipes, all medicinal compounds are stringently excluded from the new method, and there is taught nothing but the use of a single, simple medicinal substance. (See Organon of the Art of Healing, 2nd edition, 1819, §§ 297, 298, 299.)

In accordance with this more nearly perfect method, I require for the cure even of the serious and heretofore considered incurable diseases only the smallest possible doses of simple substances, partly of solutions of various minerals and various metals in pure alcohol without the aid of an acid (preparations known to myself, but unknown to chemistry, hence to the apothecaries), partly equally minute doses of vegetable or animal substances (each prescription always consisting of only one dose of a single simple medicine), doses which are so small that tney cannot be detected in the customary vehicle (sugar of milk or diluted alcohol) by the senses and by the available analysis or reagents known to chemistry.

This exceeding smallness of the doses of simple remedial substances in the new system removes all possible suspicion of an injurious size of the dose of the simple remedy administered to the sick.

Not capable of learning the great curative power of such small doses of a simple substance, as shown in their beneficent effects, rests upon a peculiar adaptation to individual cases which is peculiar to homœopathy but has heretofore been unknown, and of which the prevalent system of medicine has not the faintest conception, the apothecary smiles at the nothingness of such small doses, since neither his senses nor the best tests known to chemistry can detect a trace of the medicine in the vehicle (sugar of milk or diluted alcohol).

If even the apothecary who so jealously regards the new system of therapeutics can find no trace of the medicine or of poison in the remedies of the genuine homœopathic physician, not even anything which might seem capable of remedial power, to say nothing of its being too powerful or dangerous, how much more unconcerned might be the police authorities in their guardianship over the welfare and the health of the community concerning the indescribably small doses which homœopathy gives to her patients, and which in their effect are yet so

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beneficent. The authorities may be infinitely more unconcerned than they should be concerning the sales over the counter of the druggist, where the *very same substances* which the homœopath uses in such infinitesimal amounts, are sold without a care by the apothecary in amounts millions of times as great to everybody (prince or peasant), to people who do not know what mischief these things may work when improperly used, with only this restriction that no arsenic, corrosive sublimate, opium, and a few others, shall be sold to persons not known.

I take the liberty of calling to this fact the attention of the proper authorities.

The homœopathic physician in the exercise of his art cannot even utilize the apothecary as an assistant. The doses employed by such a physician are so minute, so impossible of recognition, that if the apothecary had put it into the vehicle, according to the prescription (something the physician himself could do in a minute, hence without loss of time) the homœopathic physician, if he had not seen it with his own eyes, would not be able to tell by his senses or by the aid of chemistry whether the druggist had added the right remedy, or another, or nothing at all.

This impossibility on part of the homœopathic physician to exercise due control over the operations of the apothecary makes it impossible for him to avail himself in the exercise of his art of an assistant, no matter who that might be. He must rely upon himself; he alone can know what he has done.

And yet, this unusual minuteness of the dose of all dynamically acting remedies is absolutely necessary in the practice of this new art, which possesses the greatest virtue in the treatment of all diseases, but is of unspeakable value for the cure of the serious, and up to this time considered incurable, chronic diseases; it is even so much of a necessity that one is an impossibility without the other.

If now the spirit of the medical laws really aims in the direction of the *salus publicus*, and if really the most pitiable as well as heretofore considered incurable diseases can only be cured under this treatment, as has been shown by cases which I have cured, and which have raised to fever-heat, the envy of physicians of the dominant school then there should be no

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doubt that the sanitary authorities should prefer the welfare of the sick to any unwarranted private claim, and take the new but benign system under their protection, without seeking to force upon the new art of healing, as an handmaiden, that pharmaceutical art which was originally designed to prepare for the dominant school the recipes composed of a number of powerful ingredients, an art which to homœopathy can only be a hindrance, not a help.

I am justified in using the term "unwarranted private claims," and I may add "trifling," "insignificant." For what would be the profit of an apothecary if he were to do as the homœopathic physician does without loss of time, add to three grains of sugar of milk as a vehicle a few drops, for instance, of an alcoholic solution, diluted millions of times, of a grain of zinc, rhubarb, or the bark of cinchona? Since all the charges of apothecaries, as officially regulated, are based upon the weight of the several ingredients which make up the recipe and upon the labor required in the mixing of these ingredients (and this last item does not exist in connection with the new system), his profit in filling these prescriptions of homœopathic physicians would amount to absolutely nothing.

And if no profit is involved in the preparation of homœopathic remedies, and if the apothecaries of Leipzig in spite of this fact still press their demands, it would seem reasonable to presume that other motives might exist which prompt them to force their assistance upon homœopathic physicians even at the sacrifice of their own immediate, apparent interest. I hope that the real object is not the desire to place an insurmountable obstacle in the way of this young, very important system of medicine, which meets a demand that cannot otherwise be satisfied; such a feat would meet the wishes of a number of physicians whose envy has been aroused by the beneficent results of the new departure.

Neither does the genuine homœopathic physician in any way interfere with the apothecary as a seller of drugs, for such a physician cannot charge the patient for the infinitesimal dose of a simple remedy, which even chemistry fails to discover in the vehicle; he can only make a reasonable charge for his study of the condition of the patient—a labor which under this

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new method is much greater than it is under the old—and for the selection of the most promising remedy.

Since then the new method of curing the sick has nothing in common with the old and universal plan of treatment by means of compounded prescriptions; since it does not in any way resemble the latter, as it never cures with mixtures of appreciable, massive amounts of medicines, but, on the contrary, always with the most minute doses possible of simple remedial substances prepared after a manner which is partly beyond the reach of the apothecary,—it therefore follows that this method of prescribing must necessarily result in calling into existence a new branch of pharmaceutical business which has never before existed, and upon which the special and exclusive privileges granted to a pharmaceutical art which has been in existence for six centuries cannot possibly have any bearing. I therefore believe myself justified in petitioning as follows:

"That the apothecaries of Leipzig be restricted within the limits of their patents, and that they be given to understand that their claims do not extend to a novel system of cure which at no previous time existed, which does not in any way require for the purpose of curing the sick the heretofore customary prescriptions composed of appreciable amounts and of a number of medicinal substances (the preparation of which as a matter of privilege belongs to the apothecary), but which, on the contrary, employs only infinitesimal doses (ridiculed by the apethecaries) of one remedy, hence only *simplicia*.

Up to this time no sovereign has seen fit to forbid scientific physicians from directly administering these *simplicia* to their patients, and, as a natural result, not any of the medical laws contain enactments forbidding such a practice."

I expect the more confidently that my prayer will be granted since this new method of curing the sick has already proved itself an important discovery and has gained for itself a recognized position, and since in all countries where the German tongue is spoken men are found who have learned to estimate it a great blessing to suffering humanity.

Finally, so far as my pupils are concerned, I am not in any way connected with them, and since they are of different cali-

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bre, I do not represent them. I consider no man my disciple who, next to an absolutely blameless and thoroughly moral life, does not so practice the new art that the remedy which he administers to his patient in a non medicinal vehicle (sugar of milk and diluted alcohol) contains so small a dose of the medicinal substance that neither the senses nor chemical analysis demonstrate the smallest amount of an absolutely harmful medicine or even the smallest amount of a medicinal substance proper; this supposes a minuteness of doses of medicines which absolutely does away with the necessity of exercising anything like official supervision and care on part of the authorities.

DR. SAMUEL HAHNEMANN,
Member of several learned societies.

Leipzig, February 14th, 1820.

Soon after the presentation of this defense Hahnemann considered homœopathy lost in Leipzig and Saxony, and left his adherents there to take care of themselves as best they could. As we have already seen, they courageously accepted the charge, and the General Convention of August 10th, 1830, and Grisselich's Sketches from the Port-folio of a Traveling Homœopathist make us acquainted with the spokesmen and the groups of men who, with the aid of intimate personal relation to, and constant consultation by letter with, our representatives at Leipzig dared to show a bold front to the hostile governments.

[TO BE CONTINUED.]

SOCIETIES.

INDIANA INSTITUTE OF HOMŒOPATHY.

TWENTIETH ANNUAL SESSION, HELD AT INDIANAPOLIS ON MAY 25TH AND 26TH, 1886.

FIRST DAY.

The twentieth annual session of the Indiana Institute of Homœopathy opened at Plymouth Church on the afternoon of May 25th, with prayer by Rev. O. C. McCulloch. The Secretary, Dr. Wm. B. Clarke, of Indianapolis, read the minutes of

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last year's session, and Dr. Haynes, the Treasurer, made his report, showing a balance on hand of $14. The chief interest of the forenoon session centered in the reports of the visiting physicians regarding the condition of homœopathy in their several fields of labor. Dr. Runnels, of Indianapolis, also spoke of the doings of the National Society at St. Louis last summer, at which meeting, it will be remembered, he was elected President for the present year.

The Secretary, Dr. W. B. Clarke, made some stirring remarks about the necessity of stimulating the esprit de corps of the profession throughout the State. Six new members were elected: Drs. W. A. Dunn, Wabash; A. C. Ackerman, Lafayette; William Rowley, Indianapolis; F. W. Shellase, Tell City; J. F. Thompson, New Castle; P. B. Morgan, Connersville.

In the afternoon the President's address was delivered by Dr. John Taylor, of Crawfordsville. It was able and interesting, and abounded with comparative evidences of the superiority of the homœopathic system, and instanced many striking facts. A vote of thanks was voted its author.

Prof. I. H. Buffum, of Chicago, followed with a paper on "Nasal Reflexes," being an interesting description of how nasal growths cause eye and head trouble, and how such a condition should be treated.

He was followed by Dr. Henry Sherry, of Chicago, with a paper detailing a case of bone disease requiring amputation above the knee, resulting in recovery.

Dr. Lippincott then read a long paper on "Hay Fever," which was highly commended. Dr. Runnels also spoke briefly of this paper, and thought that the use of narcotics predisposed to a nervous condition peculiarly liable to the disease.

EVENING SESSION.

Dr. F. H. Huron, of Danville, read a paper on "Carduus Marianus and Verbascum," detailing their uses. Discussed by Drs. Hockett, Clarke, Runnels, and Sherry, after which Dr. Boyd, of Indianapolis, read a paper on "Dynamization, the Stumbling Block of Homœopathy," illustrating the subject with many familiar and interesting facts in chemistry, physics and medicine, all tending to show the scientific foundation of Homœopathy. This paper was a very able production.

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SECOND DAY.

At the opening of the second day's session the Secretary read a paper contributed by Dr. Clifford Mitchell, of Chicago, on the subject of "Testing for Sugar in the Urine." The paper clearly set forth the points of value of the Fehling's test solution, as well as the sources of error in its ordinary use. Dr. Boyd, of Indianapolis, made interesting remarks on the paper, chiefly from a chemical standpoint, and Dr. Sawyer, of Kokomo, expressed regret that the subject of the treatment of the disease was not given space. Dr. Clark, of Indianapolis, referred to the remedy sizygium, of India, introduced by Dr. W. H. Burt, of Chicago, a year ago, and the cures credited it, and took pleasure in recording two apparent cures of diabetes with it in his practice.

Dr. William B. Clark then read an interesting and carefully prepared paper on the subject of "The Oxygen Treatment" in run-down conditions and lung troubles. It was received with applause, and a special vote of thanks was tendered its author. Drs. Boyd and Runnels thought highly of the treatment, in conjunction with appropriate medication, and several cases of cure of serious lung troubles were cited.

Dr. O. S. Runnels then read a paper on "Twenty-five Cases of Uterine Surgery Under Cocaine," in which the efficacy of cocaine as an anæsthetic in severe cases of surgical operations was clearly set forth. The paper received much commendation, chiefly by reason of its eminently practical character.

Dr. J. C. Nottingham, of Bay City, Mich., was introduced as a delegate representing Michigan, and made a few felicitous remarks concerning the state of homœopathy in Michigan.

Dr. J. S. Martin, of Muncie, read a paper on chronic inflammation of the middle ear, detailing successful treatment of a severe case, and remarks concerning treatment of these cases were made by Drs. Taylor, Runnels, Dunn, Clarke, Huron, and Lippincott.

Dr. J. S. Mitchell, of Chicago, contributed a paper on "Tubercular Peritonitis." The paper commanded much attention throughout. He cited two cases of the trouble—one in the hospital and one in his private practice. A remarkable fact about one was that it proved fatal, apparently running its full

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course, in three weeks. The treatment of such cases is always unsatisfactory and of little use except palliatively. Stress was laid on the similarity of this disease to typhoid fever, at times, and the importance of not mistaking one for the other was shown.

Delegates to the American Institute of Homœopathy, which meets at Saratoga, in June, were appointed as follows: E. W. Sawyer, Kokomo; Z. Hockett, Anderson; J. R. Haynes, Indianapolis, and J. A. Compton, Indianapolis.

The election of officers for the ensuing year resulted:

President—J. A. Compton, Indianapolis.
First Vice-President—Z. Hockett, Anderson.
Second Vice-President—J. R. Haynes, Indianapolis.
Treasurer—J. S. Martin, Muncie.
Secretary—Wm. B. Clark, Indianapolis.

After the transaction of routine business and extending to Secretary Clark a vote of thanks for his services during the past year and meeting, the session adjourned till next May.

COLLEGE ITEMS.

EDITED BY S. G. MILNER, A. M., '87, CLASS EDITOR.

Dr. R. C. Olin, of Detroit, President of the Alumni Association of the Homœopathic department of the University of Michigan, has issued a very cordial and urgent invitation to all the Alumni and friends of the college and of Homœopathy to be present at the meeting and banquet of the society, to be held in this city on June 30, the day before the University Commencement proper. The definite program of exercises is given below. This invitation ought to be heeded by every Alumnus and by every homœopathic physician, in Michigan at least.

The early meeting of the next legislature, together with the warning of the President of the University that the future existence of our college depends wholly upon the united support of the homœopathic physicians of the state, should be sufficient reason why the profession should throw aside their differences and indifferences of the past, and come together to show that hereafter the interests of this institution shall be identical with their own.

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With a solemn determination to recognize no faction or party, with thorough loyalty to the law of the "similars," and with a steady adherence to the best interests of homœopathy and humanity, our professors, all laboring under appalling embarrassments and great sacrifice of personal interests, have spared no efforts to make this a successful year for the college. The result is such as should give great praise to them, and great congratulation to the profession in the state.

Further, the Alumni, have more than ordinary reason for common congratulation, as two of their number in the faculty have been prominent factors in this general result.

As representing the under-graduate members of this school the editor of this department hopes that the meeting will be largely attended and that the spirit and interest manifested will be such as will cause the success of the past year to be only a faint presage of the future.

The following is the programme for Commencement week:

SATURDAY, JUNE 26.

8:30 A. M.—Examination of Candidates for Admission.

SUNDAY, JUNE 27.

7:30 P. M.—Discourse to the Graduating Class by President Angell in University Hall.

MONDAY, JUNE 28.

8:30 A. M.—Examination of Candidates for Admission.

7:30 P. M.—In University Hall. Grand Symphony Concert under the auspices of the Senior Class, by an Orchestra of Thirty Picked Musicians, assisted by Miss Julia Caruthers, pianist, and the Amphion Club, under the direction of Prof. C. B. Cady. Rendition of Beethoven's Fifth Symphony, and part of Mendelssohn's Midsummer Night's Dream.

CLASS DAY, DEPARTMENT OF MEDICINE AND SURGERY.

10:00 A. M.—In University Hall. Poem by Harry A. March. Oration by James B. Tedrow, Ph. B. Prophesy by George R. Taylor. Class History by John H. Swanson. Address by the Class President, Warren B. Sexton.

CLASS DAY, DEPARTMENT OF LAW.

1:30 P. M.—Address by the Class President, James W. Hamilton. Class History by James A. Crawford. Poem by Miss Lettie L. Burlingame. Oration by Isaac N. Huntsberger, A. M. Consolation by Charles M. Rice. Prophecy by Francis G. Higgins.

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TUESDAY, JUNE 29.

9:30 A. M.—Annual Meeting of the Board of Regents.

CLASS DAY, DEPARTMENT OF LITERATURE, SCIENCE, AND THE ARTS.

9:30 A. M.—In University Hall. Oration by Samuel B. Todd. Poem by Miss Helen E. Osgood.

1:30 P. M.—On the Campus. Class History by Martin D. Atkins. Prophecy by Fred B. Wixson. Address by the Class President, William A. McAndrew. Ring about the Tappan Oak.

8:00 P. M.—Class Reception in University Hall.

CLASS DAY, HOMOEOPATHIC MEDICAL COLLEGE.

1:30 P. M.—At the Homœopathic College. Oration by George B. Kelso. Class History by Harold B. Wilson, B. S. Prophecy by Miss Elizabeth Uncapher. Poem by R. Dudley Mack. Address by the Class President, Hugh B. Reynolds.

3:30 P. M.—Class Reception at Homœopathic College.

WEDNESDAY, JUNE 30.

ALUMNI DAY, DEPARTMENT OF LITERATURE, SCIENCE, AND THE ARTS.

Special Reunions of the Classes of '56, '61, '66, '71, '76, '80, '81, '83, and others.

8:30 A. M.—Meeting of Alumni of Students' Christian Association in the Association Rooms.

1:30 P. M.—Business Meeting of the Alumni of the Department of Literature, Science, and the Arts, in the chapel,

3:30 P. M.—In University Hall. Oration by William Jay Gibsons A. B., of Cincinnati, Ohio, of the Class of '69. Poem by Charles M. Gayley, of the class of '78, to be read by S. B. Todd, of the class of '86.

DEPARTMENT OF MEDICINE AND SURGERY.

1:30 P. M.—Business Meeting of the Alumni of the Department of Medicine and Surgery, in the lower Lecture Room of the Medical College, followed by an address by the President, Dr. Charles J. Lundy, of Detroit, of the class of '72.

HOMOEOPATHIC MEDICAL COLLEGE.

2:00 P. M.—Business Meeting of the Alumni of the Department in the lecture room of the Homœopathic College, followed by an address, by the President, Dr. R. C. Otin, of Detroit, of the Class of '77.

8:30 P. M.—Banquet at the Franklin House on Huron St., to which the Alumni and their friends are invited.

DEPARTMENT OF PHARMACY.

10:30 A. M.—Business Meeting of the Alumni of the School of Pharmacy, in the Lecture Room of the Chemical Laboratory. Memor-

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ial Address in honor of Henry B. Parsons, of the class of '76, by Prof. Albert B. Prescott.

12:30 P. M.—Dinner of the Alumni of the School of Pharmacy, followed by an Address by Henry J. Brown, President of the Michigan Pharmaceutical Association.

DEPARTMENT OF DENTAL SURGERY.

9:30 A. M.—At the Dental College. Class History by George J. Dennis. Prophecy by M. W. Lau. Poem by Harry Davis. Oration by Thomas J. Mason. Address by the Class President, Edmund K. Clements.

1:30 P. M.—Business meeting of the Alumni and the election of officers.

7:30 P. M.—In University Hall. University Senate Reception, especially of the Alumni, former students, graduating classes and other guests of the University.

THURSDAY, JULY 1.

THE FORTY-SECOND ANNUAL COMMENCEMENT.

8:30 A. M.—The procession will form in front of the Law Building.

9:30 A. M.—Commencement Exercises. Address by Hon. Cushman K. Davis, of St. Paul, Minn., of the class of 1857. Conferring of Degrees.

At the close of the Exercises in the Hall, the procession will form again under the direction of Harrison Soule, Chief Marshal, and will proceed to the Commencement Dinner, which will be served at the Rink on Huron Street.

ARRIVAL AND DEPARTURE OF TRAINS.

MICHIGAN CENTRAL RAILROAD.

Going West—8:16, 10:25 A. M., and 2:32, 5:30, 9:23, 10:28 P. M.

Going East—4:35, 6:40, 10:25, A. M., and 4:33, 5:30, 10:09 P. M.

TOLEDO, ANN ARBOR, AND NORTH MICHIGAN RAILROAD.

Going South—Trains arrive from the North at 7:27 A. M., and 3:10 P. M.

Going North—Trains arrive from the South at 9:50 A. M., and 5:35 P. M.

APHONIA CURED BY MORPHINE.—Dr. Trevelot reports the following case in the *Journal de Médicine et de Chururgie Pratiques* for March, 1886. Being called to see a young man, nineteen years of age, suffering from delirium tremens, he gave him morphine in dsses of from one-fourth to one-third grain hypodermically. The attacks were speedily relieved, but each injection was followed by complete aphonia. The patient moved his lips, but could not enunciate at all, and the voice returned only after the expiration of twenty to thirty minutes. The same phenomenon was observed during a second attack when morphine was made use of; but in a third seizure, when the drug was not employed, aphonia did not supervene.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3088, Ann Arbor, Michigan.
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OBSTETRICS, GYNÆCOLOGY, PÆDOLOGY

OVARIAN DYSMENORRHŒA.

Ordinarily, when a subject is selected by the chairman of a bureau and assigned to a given writer, all that said writer has to do is to discuss it as a pathological entity. *Ovarian dysmenorrhœa* is, however, an exception to the general rule. Its existence as a disease *per se* is denied by many of our ablest authors, while quite as large a number insist upon the ovaries being not only a cause of painful menstruation, but a very frequent one. I deem it advisable to quote from some of our best known specialists in order to give you the pros and cons upon the subject. If, in your opinion, the weight of evidence is on the side of the former, then my mission will have been completed only when I touch upon the treatment; if, on the contrary, the latter have succeeded in demonstrating the utter impossibility of dysmenorrhœa being excited by a lesion of the ovaries, then the whole subject must be relegated to the domain of obsolete pathology.

I quote first from Hart and Barbour. In speaking of *ovarian dysmenorrhœa* they say: "This term is applied to certain cases which were supposed to be specially connected with the ovaries and which could not be classified under the preceding heads (gouty or rheumatic, spasmodic, membranous, and inflammatory). The term is a most unfortunate one. It assumes a cause for dysmenorrhœa which is not as yet demonstrated; and, instead of pathological facts, or a confession of our ignorance of them, gives us what we have too much of already—erroneous terminology." (*Manual of Gynæcology, p. 546.*)

Barnes says: "Dysmenorrhœa fails to express the idea of

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difficult ovulation; and, thus failing, we are apt to lose sight of the clinical fact that in many cases the source of the distress lies in the ovaries. I have, therefore, sought to designate difficult ovulation by a term in accordance with medical nomenclature. After consultation with my colleague, Dr. W. H. Stone, I venture to propose the word 'Dysotosia.'* There is no doubt about the function or about the difficulty with which it is occacasionally performed. I hope, then, that I shall be held to be justified in proposing a word to describe it." (*Diseases of Women, p. 217.*)

Thomas expresses his opinion in the following language: "In a number of cases, unfortunately by no means small, no depreciated condition of the nervous system will be found to account for habitual dysmenorrhœa; and the most careful exploration of the pelvis will fail to discover uterine or periuterine disorders. In such cases, if by conjoined manipulation the regions to the side of and behind the uterus be investigated, a globular, slightly compressible mass, about the size of a large walnut or small egg, will often be found in the cul de sac of Douglas, or on one or both sides of the uterus, low down, and in close proximity to it. * * * They are the ovaries, enlarged, congested, tender and prolapsed. In some cases their disordered condition will be accompanied merely by dysmenorrhœa; but in others it will be marked by hysteria, amenorrhœa alternating with menorrhagia, and even by true epilepsy." (*Diseases of Women, p. 600.*)

Hewett, acting upon his obstructive theory of dysmenorrhœa, makes the following statement: "I must confess that I have met very few cases in which pain during menstruation could be traced directly to the ovaries. In many cases of anteflexion of the uterus a pretty constant pain in the region of the ovaries is frequently observed which disappears on altering the position of the uterus, showing that it is not, in such cases, located really in the ovary. It is not denied that ovaritis and pain during menstruation are observed; but this does not appear to be common." (*Diseases of Women, Vol. ii, p. 91.*)

In his efforts to give a clear conception of dysmenorrhœa,

* From δυς and φοτόκεω, to lay eggs.

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Shraeder affirms: "* * * * We ought not by any means to include under the head of dysmenorrhœa those pains accompanying the period, and which are commonly designated as congestive dysmenorrhœa, for in these cases the regular symptoms of uterine diseases are only intensified by the menstrual congestion.

"We must, of course, pass over ovarian dysmenorrhœa for the same reason. The ovaries also enlarge during the period, and may consequently give rise to pain, especially if they are pressed upon, and when they lie in a hernial sac or deep in Douglas's space, or if they are already inflamed. But these pains even have nothing about them characteristic of menstruation as such, but are only the consequences of an enlargement of the ovary when abnormally situated or when inflamed. * * * * In this respect ovulation has an etiological significance in connection with perimetritis, but not with dysmenorrhœa." (*Ziemssen, Vol. X, p. 331.*)

Dr. John Williams expresses his opinion in the following words: "What may be the exact relation between dysmenorrhœa and ovaritis is yet uncertain. * * * * In the single, chronic ovaritis is in the very great majority of cases associated with dysmenorrhœa. Menstruation—which may be regular or irregular—is from the first associated with pain." (*Reynolds' System of Medicine, Vol. iii, p. 853.*)

Tait has this to say in discussing ovaritis: "Menstruation is established later than the normal time by a few months or a year or two. They have at first irregular times and much pain, but after a while the flow is established with normal quantity and regularity, and with but little suffering. In this way, they go on for eight or ten years, and, if they marry in the interval, their menstrual career may run an ordinary course. If they remain single, however, they begin to suffer from ovarian dysmenorrhœa between 25 and 30, and, after about ten year's suffering, they undergo a premature climacteric change." (*Diseases of Women, p. 119.*)

I next quote from Donaldson. Under the head of neuralgic dysmenorrhœa, by which term he also means ovarian, he says: "The patients suffering from this form of disease are usually of delicate, impressionable temperaments, given to the cultivation

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of æstheticism. They are whimsical and capricious in their tastes, subject to mesmeric influences, oftimes seeming to live in the border land between spiritual and material spheres. They frequently indulge in tears without any assignable reason for so doing. Their imaginations are vivid, and their minds disquieted so that they seldom sleep well." (*Contributions to Practical Gynæcology, p. 98.*)

G. Earnest Herman, M. D., of the London Hospital, defines *ovarian dysmenorrhœa* as being simply a type of the congestive. (*London Lancet, Vol. i, p. 327. 1881.*)

Dr. Simpson divides dysmenorrhœa, according to the seat of the pain, under two heads—*ovarian* and *uterine*. In respect to these two divisions he remarks: "I think that we must come to the conclusion that while there are some cases of dysmenorrhœa where the neuralgia is localized in the ovaries, yet that in the greater number of cases it is developed and has its peculiar seat in the uterus itself." (*Clinical Lectures on Diseases of Women, p. 96.*)

Reeves discusses the subject in the following somewhat ambiguous language: "The term *ovarian dysmenorrhœa* has been applied to those cases in which an abnormal condition of the ovaries exists, such as inflammation, enlargement and dislocation; such conditions are not easily ascertained during life; if ascertained, the fact throws light on the etiology of the case; but for treatment the case will range itself, according to the clinical features it presents, among those in which the vascular or the neurotic element predominates." (*Pepper, Vol. iv, p. 193.*)

Guernsey, Ludlam and Hale, of our own school, like many of the writers of the older school, while not mentioning the ovarian variety in their classification, inadvertently speak of dysmenorrhœa, in theie discussions of ovarian irritation and inflammation, as being a prominent symptom.

"When doctors disagree, who shall decide." There could be no more forcible illustration of the fact that he who can make his therapeutical deductions largely from symptomatology, has a most decided advantage over him who treats a name instead of a disease, than is shown by this Babel of pathological confusion. Our only resource is to make our own deductions from

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the given, and other, data; and let us pause for a moment and study the reasons why it seems probable that painful menstruation may originate from ovarian lesions.

The ovaries have been not improperly dubbed the "fly wheel or governor" of the female economy. Supplied with nerves from both the ganglionic and the cerebro-spinal system, their importance in maintaining health and nutrition can not be overestimated. Through their nervous connections, any irritation of the ovaries may be reflected to any and every part of the body. Any interference of the ovarian aura, which may be generated through the cerebro-spinal and ganglionic centers, will, as you are aware, cause innumerable troubles. During the period between puberty and the change of life it is impossible for the health of a woman to be maintained without *just* the proper amount of ovarian influence being exerted. If this influence becomes too powerful, we may have as a sequence perverted appetite with nausea and vomiting, excessive secretion of gas and mucus in the intestinal canal, diarrhœa and even hæmorrhages from the bowels; the most obstinate dyspepsia, and either a suppression or an excessive secretion of urine. Reflected to the solar plexus there is frequently pain and oppression in the epigastric region, globus hystericus and hysterical convulsions, numbness and local paralyses, distressing headaches with depression of spirits, delirium, and even insanity. If, on the other hand, their functions be prematurely paralyzed, we may have as a consequence defective nutrition, causing anæmia and chlorosis with frequent sensations of sinking and faintness, or actual fainting. The sympathy existing between them and the lungs, mammary glands, uterus, and especially the cervix, is quite as marked, and there is no question but what the ovaries exert a greater influence upon the female economy than does the uterus. Numerous dissections have demonstrated the fact that not unfrequently the ovaries are found fully developed when the uterus and vagina are wanting, but should the development of the ovaries be deficient, the uterus never reaches its full size; conversely, prematurely destroy the ovarian function, and a contemporaneous atrophy of the uterus will be the result. Taking these several facts into consideration then, are not nosologists justified in giving us one

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form of dysmenorrhœa in their classification, known as *ovarian*.

The subjects of what has been termed an "irritable ovary" are those who suffer from this form of dysmenorrhœa. Emmet, in his usual graphic manner, enumerates the victims as follows: "The young girl who has had her brain developed out of season; the woman disappointed or crossed in love by some man not worthy of her; those who have been ill-mated, and, often, unmated—she who has has sold her person under the guise of marriage for money or position; the prostitute; and she who degrades herself and sacrifices her womanhood by resorting to means to prevent conception. In all these the nervous system has been first abused, and then nutrition has suffered, some accidents only locating the effects in the ovaries."

The symptoms of *ovarian dysmenorrhœa* are not of such a nature as to warrant us in making a diagnosis from the rational signs alone. The pain usually precedes the flow for several days and subsides as it is established; the flow is irregular both in duration and quantity, and local peritonitis and cellulitis may complicate the attacks if the more urgent symptoms are not relieved. Until these complications are ushered in, the pain is usually of a dull character, starting from one or both ovarian regions and extending down the thigh; this pain is increased by pressure, and persists for some days after menstruation. Depression of spirits and other nervous complications are not unfrequent symptoms.

Dr. Priestly has called the attention of the profession to what he has been pleased to term the "intermediate pain." This pain is characterized by its great regularity, always appearing on a given day during the inter-menstrual period.

When organic changes have taken place in the ovaries, as a result of acute or chronic inflammation, the various evidences of such changes will be present, the discussion of which does not enter into the province of this paper. Let it be remembered, however, that much of the contradictory testimony presented is due to the fact that a tender and prolapsed ovary does not necessarily excite an *ovarian dysmenorrhœa*, for many patients will carry ovaries thns affected for years, remaining comparatively free from pain during the menstrual period.

Just in what manner an irritated or inflamed ovary induces

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a painful menstruation can not, at the present state of our science, be explained. It may be that it is simply due to the dehiscence of the Graffian follicles, thus justifying Barnes in his coinage of the term "dysotocia." It seems more probable, however, that the ovarian irritation causes, through its extensive and decided nervous connections, congestion and nervous hyperæsthesia of the uterus.

In regard to the *prognosis* of *ovarian dysmenorrhœa* I wish to again quote from Thomas. He says: "The prognosis of dysmenorrhœa due to this cause is very bad. In a young girl in whom ovarian disorder has advanced only to congestion, recovery may rapidly take place; but in a woman farther advanced in life, and in whom chronic enlargement of the ovaries has occurred, and become associated with great tenderness and prolapse, the prospects of cure are very unpromising."

In this verdict Thomas voices the sentiments of all the writers of the dominant school. Can we, as homœopaths, promise more? The remedies recommended and relied upon by gynæcologists of the other school can be counted upon the finger-tips of one hand. After the bromides and narcotics have quelled the disturbance as long as they will, the offending ovary is removed as a last resort. Oöphorectomy is a brilliant operation; but, I am sorry to say, its necessity is a sad commentary upon our boasted science, and its results too often a victory for the undertaker.

Homœopathy, with characteristic precision, can accomplish much before structural changes have too far advanced, yet it behooves us to be modest in our claims. The first and most important principle in treating all inflamed and irritating tissues is rest. In a fracture we accomplish this by a properly adapted splint; in an ulcerated cornea the object is attained by a suitable compress; in cystitis it is often impossible to accomplish a cure until the acrid urine is kept away from the inflamed vesicle walls by an artificial vesico-vaginal fistula; an ulcer of the rectum will not heal until the irritable sphincter muscle is made to cease its incessant action by cutting or tearing its fibres. And so it is with innumerable lesions that were considered incurable until that grand principle of physiological rest was recognized and adapted to the several necessities.

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Unfortunately, the ovaries and Fallopian tubes are to a very great extent without the domain of its applicability. If utero-gestation could be inaugerated, the nine months of inactivity would be the nearest approach to it, but a patient suffering from *ovarian dysmenorrhœa* is very apt to be sterile. The ovaries will go on trying to fulfil their mission of ovulation; the periodical congestion affords them no rest, and one menstrual epoch is hardly passed before there is a repetition of the same turgesence. Abstinence from sexual intercourse with absolute rest in bed during the menstrual period, in conjunction with the indicated remedy, will accomplish much, and many times it will bring about a complete cure.

If the ovary is prolapsed, the therapeutical indications are obvious, and the displaced organ must be restored to its normal position—a very easy operation if not bound down by adhesions. The most favorable position of the patient to accomplish this reposition is that known as the genu-pectoral, in which gravity removes the abdominal organs from the pelvic cavity. After separating the labia by the finger or a Sims' speculum, the vagina becomes balooned and the ovaries will generally fall forward and downward into the abdominal cavity; if they do not, it will be necessary to gently lift them up and push them forward where they should be retained by a properly fitted pessary—a task which, by the way, unless your experience differs from mine, is by no means an easy one; any retro-displacement of the uterus complicating that of the ovaries, should be corrected at the same seânce.

In cases where the hyperæsthesia of the ovaries is very great, or where there are any evidences of cellulitis, it is best to premise the introduction of a permanent pessary by frequent hot vaginal douches followed by the introduction of a glycerine tampon. Instead of the cotton plug, Munde recommends the introduction into the posterior vaginal pouch of a small bag of muslin filled with flax seed meal, soaked in hot water. The hot douches, in all cases of pelvic cellulitis, are a *sine qud non* and should be persevered in.

It would be mere presumption in me to enumerate for an audience of homœopathic physicians the well-known and oft tried remedies useful in *ovarian dysmenorrhœa*. Remedies like

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belladonna, lachesis, caulophyllum, apis, and chamomilla all of you have used so often and with such good results, as to make it unnecessary to do anything more than to refer to them. But even with these remedies and their analogues, you have unquestionably failed many times and, until the indications for remedies having a special action upon the ovaries are more clearly defined, you will probably continue to fail, in many instances for some time to come. My object is to briefly refer to a few remedies for this obstinate difficulty, the value of which I believe is not fully appreciated by the general practitioner, in order that you may put them to the test and more clearly define their proper sphere af action. They belong to the socalled "new remedies" and it was largely through the suggestions made by Dr. Hale that I got to using them.

I shall first mention the *Lilium tigrinum*. It is one of my favorite remedies in dysmenorrhœa when the ovaries are involved. The characteristic pains are burning, stinging and darting in the region of the ovary, especially when attended *by cutting pains in the mammæ*. It acts upon both the ovaries and the uterus, producing frequent and profuse menstration.

Hamamelis is especially useful when the ovarian trouble is the result of traumatism. The ovary is swollen and tender, *with radiating pains over the entire surface of the abdomen*. These pains are very greatly aggravated by the period, with exquisite tenderness of the vagina and os uteri.

Auri et Sodii Chloridum is indicated in ovarian dysmenorrhœa where we have congestive irritation of the ovaries and uterus following abortion. *Nymphomania, with cramps and convulsive trembling* are further indications.

I have found the *Cannabis indica* useful where the patient is hysterical, emotional, and the menses are preceded, attended, or followed by unusual sexual desire; frequently associated with these symptoms are those of cardiac asthma, with a pressing pain in the heart, and dyspnœa. I have never witnessed any responce from it in dysmenorrhœa except in the lower dilutions.

Of the *Viburnum opulus* Dr. Hale says: "I have used the viburnum in many cases of neuralgic and spasmodic dys-

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menorrhœa, and have yet to meet with a single case where it has failed." While I cannot speak quite as enthusiastically of this remedy, it certainly exerts a most wonderful influence in both *ovarian* and *spasmodic dysmenorrhœa*. The pains usually *come on suddenly*, some five or six hours preceding the menstrual flow, extending through the womb and lower part of the abdomen. Hysteria and spasmodic dysuria are usually associated with these symptoms. I have always relied entirely upon the tincture or lower dilutions.

Xanthoxylum frax. The subjects to which this most potent remedy is applicable, are those women of spare habit and of a delicate nervous temperament. There is an agonizing bearing down pain in the abdomen as if everything would be pressed out. The menses are too soon, too profuse, with an excruciating pain in the small of the back.

Guaiacum: Dr. Terry, of New York, has reported several cases of chronic ovaritis, with associated dysmenorrhœa, which were entirely cured by the use of this remedy. He administered the drug in ten-grain suppositories, but I think that its physiological effects speak unmistakably of its homœopathicity, especially in rheumatic or gouty subjects. Dr. Laird is particularly enthusiastic in his praises of *guaiacum* and its affinity for fibrous structures probably explains its action upon the ovaries. Without any special indications for its use, it has now served me a very good purpose. But in *ovarian dysmenorrhœa* we need any and every remedy that holds out the least promise of relief, and, there are certainly types of the disease which this remedy seems to benefit, and its sphere of usefulness ought to be defined. When we fail to give our patients relief, then we, as homœopaths, are even more justified in removing the ovaries than are our brethren of the older school. At any rate we propose to resort to something more than the "bromides" and "narcotics" before performing the dangerous operation oophorectomy.—J. C. WOOD, M. D. (*Read before the Hom. Med. Soc. of Mich., 1886.*)

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MATERIA MEDICA AND THERAPEUTICS

OUR METHODS OF DRUG-PROVING.

Warned by the near approach of another meeting of the American Institute of Homœopathy, when all its great machinery of scientific bureaux are preparing their reports, those interested in the progress of the special principles of our school should also be stirring.

Great questions are to be solved, such as those pertaining to potentiation by succussion, as well as those pertaining to the proving of drugs. Questions which have been burning for a century are at last to be solved at behest of the Institute. It appoints committees, and sends them forth with the mandate: Investigate, and report at the next meeting! The committees obey, and, although painfully aware of the enormity of their task, they go to work with great zeal and energy, and will have reports though they may not be able to complete the tasks given them. In the midst of this display of activity, perceived for the present only by the members of committees, it will be well to let the masters know what their obedient servants are endeavoring to do, to point out some difficulties under which they labor, to suggest ways and means of preventing error in solving problems, and to awaken a general interest in their behalf.

The future of Homœopathy as a mode of healing the sick depends on its methods of testing drugs for their effects on the healthy organism, generally known as proving; that is, the future general acceptance, for which we hope, of the principle *Similia similibus curantur*, depends entirely on correct methods of proving drugs.

Our methods of practice as a reformatory discipline must be slow or become stationary as long as it rests alone on voluminous clinical data, lacking, however, the support of true statistical evidence, made up of carefully balanced comparisons of both positive and negative elements.

To supply this evidence, which often fails to carry conviction with it, has proved useless in the presence of a denunciatory warfare on the part of our opponents, whose attitude is justifiable in so far as it is incumbent on reformers to furnish general in-

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telligible proofs of the validity of their principle. As statistical evidence is imperfect, convincing proofs can only be furnished by experimental tests, conducted according to exact and inexorable rules, which shall enable us to distinguish true from false conclusions.

Hitherto we have made use of no very exact rules in conducting the most difficult experiments, in solving the most complex problems that could have been devised. The difficulties of drug-proving have been entirely underrated, while the results obtained have been in too many respects overrated as to their value.

But when we compare the methods introduced by Hahnemann, and faithfully followed without the least deviation to this day, with the methods employed at present in other branches of science, we are forced to the conclusion that "proving" of drugs and the testing of drugs by accurate methods of experimental research are no longer one and the same. With the exception that the numerous toxicological experiments conducted in the laboratories of this country and of Europe are conducted with animals chiefly, while we experiment upon the infinitely more difficult subject of the human organism, it must be acknowledged that the former are far superior to ours in regard to methods pursued by the experimenters. If we are guarded in distinguishing principles from methods, we are impressed with the truth and forcible expression of Hahnemann's principles; while these strike us as true, we are inclined to confound them with methods, and in our eagerness we overlook the faultiness of these methods while contemplating the perfection of the principles.

As the principles and methods which should control the testing of drugs have been fully discussed by the writer, it would be unnecessary repetition to enter into the details of a subject which will be found exhaustively treated in an article entitled "Control-tests and Drug-provings" (*New England Medical Gazette*, February and March, 1884), and also in "A Proving of Carbo-Vegetabilis made for the Purpose of Demonstrating the Necessity of Counter-tests in Drug-proving" (Trans. Am. Inst. Hom. 1877). The reader is also requested to compare the principles of exclusion, reservation, comparison, and

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repetition in the article referred to, with the four methods of experimental inquiry, chapers vii. and viii., in Mill's "System of Logic," which will be found to corroborate in a general manner the argument contained in this article in reference to a special method of investigation. In the treatises referred to, it is shown that, unless experimental tests are guarded by the most ingeniously arranged danger-signals, the results will be useless if not disastrous, and that homœopathy has been and is suffering from the infatuation of confounding the truth of Hahnemann's principles with faulty methods of experimenting.

True knowledge of medicines is only to be obtained by testing them for their effects upon the healthy organism of man. This fundamental principle stands firm and unshaken; but its self-evident truth is a flagrant contrast with an error into which we have drifted, and which, multiplying itself in the course of years, begins seriously to threaten the validity of our materia medica. The great axiom from the beginning of drug-proving, as stated by Hahnemann, was that "every symptom and deviation from the normal state of health, observed by the prover while under the influence of the drug, is derived from the latter" ("Organon," § 138). Even during Hahnemann's time, but especially in later years, no distinction was made between symptoms and mere sensations; and the principle, once guarded by Hahnemann's words, was lost sight of partly by himself, but mostly by his followers, who fell into the great error of recording all sensations *following* the taking of the drug as produced by it, as if mere succession of events proved that the first was the cause of the last. This same dogma holds that a drug may produce very different effects or symptoms upon different provers; from which assumption the conclusion is drawn, that nothing a prover reports or notes down in writing, as having been perceived by him in the form of abnormal sensations, should ever be lost to posterity, but must be preserved as a sacred truth forever.

It is not a marvel that such an error was possible a hundred years ago, in spite of Baconian philosophy; but that it is still adhered to and perpetuated is a serious error, and on that challenges our best efforts to eradicate it before it becomes insurmountable. It appears so natural and reasonable that a healthy

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prover should not feel abnormal sensations before testing a drug, and that he should feel such sensations after testing it; also that all these sensations should be caused by the drug. And yet, if the simple control-test is applied, of allowing a person to test an inert substance, the nature of which he does not know, this person, unless better qualified than most others, will record very numerous sensations which he did not notice until his attention was strongly directed to himself. That such sensations were due only to the drug, is self-evident only according to the most fallacious of all prossesses of reasoning,—that what precedes must be the cause of what follows. As well might it be said, that, in a row of wagons, one wagon was the cause of the other in front of it.

No physiologist, no chemist, no astronomer nor physicist, will, in our time, accept a problem as solved unless he has very many corroborative proofs unweakened by any negative or doubtful observations. We, as "provers," deem it beneath our dignity, and quite unnecessary, to make more than one observation to establish a proposition; nay, we go farther than that: we assume that a certain substance is a drug possessing pathogenic qualities; one person consumes a very minute quantity of it, and notes down every sensation he experiences afterwards; the report is printed in a journal, and finally gathered into the materia medica; while the simplest counter-test by repetition and comparison would have demonstrated clearly that the conclusion drawn from the experiment was wrong. No more than five or six tests conducted on better principles, by other provers, would have made it plain that the same thing, taken even in very material doses, would produce no effect whatever deserving to be called pathogenic.

Such experiments, properly made, will show that spinach is a harmless pot-herb, while the uncontrolled, single, or even repeated trial might seem to prove an alcoholic tincture of spinach to be a nauseous and unwholesome drug.

Another argument against the aforesaid dogmatical assumption is, that, if one drug can affect different persons each in a different manner, this property would seriously invalidate the general applicability of our rule of similars. According to a very simple process of reasoning, a drug cannot cure a patient

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in whom it will not create effects similar to those it is intended to cure; nor can we by any possible means determine this in a case of a patient who has not "proved" in health the medicine he is now to take in his sickness.

The rule which, if adopted, can alone lead us out of the path of error, is, that, in seeking for true effects, *certain causes acting under like conditions always produce the same effect; and hence conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.* A pistol-ball fired into a yielding body will make a hole in it; the sting of a mosquito will cause an itching nodule; this the pistol-pall will not do, neither will the mosquito make a bullet-hole.

Hahnemann is quoted as having said, "*Machts nach, aber machts genau nach*" (Do as I did, but do exactly as I did). This is hurled at every critic of erroneous methods, for which even Hahnemann was not responsible. If we imitate any method of procedure, without varying upon the experiment, the result must be the same; that is, right or wrong, as the procedure we imitated was right or wrong.

A proving properly made—that is, a carefully conducted experimental test, under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment the result varies, it cannot be attributed to the drug taken, if the experimenter starts from the principle that like causes must have like effects. A drug always administered under the same conditions produces the same effect each time, if it is a drug, and is capable of producing any effect; if entirely inert, we should obtain no effects from it, provided the experiment is properly conducted.

What methods have we of knowing that a substance tested has no pathogenic effects? The answer naturally would be, that if the substance being tested is inert, the experimenter would get no effect. True. But, supposing after one trial he notes a great many disagreeable sensations, if not something worse, shall he not attribute these to the drug? Certainly we must accept them as effects, says our ancient dogma; but cautious reason urges us to try if the same results will follow another experiment like the first. It is tried, but the same re-

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sult does not follow, but a different one, or slightly different. A third, a fourth, a fifth trial is made, perhaps ten or twelve, nay, more than forty. In all these trials there appears to be a vague kind of agreement, far removed, however, from distinct harmony. By a little trimming or classification all these vaguely harmonious and confused records can be made to appear as if they coincided, but in the main the results are marked by two characteristics: they are not significant enough to deserve the name of symptoms; they are mere sensations, not morbid signs; and, secondly, they do not agree in possessing the main and essential features of a symptom; they do not point to a direct, unequivocal, morbid (pathological) state in all experimenters, who either felt nothing, or differed much in their feelings.

What shall be done with the results of such experiments or provings? The answer is: Throw them out as valueless, uncertain, ambiguous, and misleading. Let us follow the true spirit of the founder of our school, to "distinguish medicines from each other with scrupulous accuracy, and test them by pure and careful experiments with regard to their powers and true effects upon the healthy body." If he did not succed with his method, he plainly meant to keep only that which he knew positively, and to exclude and erase everything he did not know, or which was uncertain. In this he wished to be followed implicitly. What are a few thousands of erroneous statements, notes, and reports in the form of "symptoms" compared with a hundred that are true? One single drug-effect, positively corroborated by several experiments is worth more than a thousand which disagree or are vague.

The rule which, within the meaning of Hahnemann, should have governed all previous experimental tests, and which should govern those of the future, may be expressed as follows:

Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined; but in order to accept the results as valid, insist that the observations and the records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning, and, if they do not manifest such congruity, they shall be excluded as useless.

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This is the simple rule under which physiological, chemical, physical, etc., experiments are conducted in our time. No results are admitted unless strictly in conformity with such a principle. This is what Hahneman meant; his greatness rests on first uttering the principle, but it required a century to develop the methods.

It may be argued with some justice that it is impossible for all provers to agree. Did Hahnemann point out to us that different persons are affected differently by the same drug? This is quite true within narrow limits, and we might agree upon a certain latitude to be allowed for such a contingency. But, admitting a greater or less degree of divergency in a series of tests, where are its limits? According to the methods hitherto followed, it has none; and now, admitting these limits to have been narrowed down to the utmost degree, even then nothing but uncertainties and vague or even contradictory results would remain to be accounted for. Why account for them at all? What is the value of a little paltry rubbish like that? Away with it, for it consists of vague uncertainties, and a life may hang upon this uncertainty, says Hahnemann.

But, some will say: If of ten provers, each reporting ten symptoms, only one is constant among them all, shall we throw aside the ninety which do not agree? Shall we sacrifice records which it required so much industry to accumulate? By all means omit them; and not only that, but initiate another series of tests to see whether the one constant symptom reported remains constant. Apply all sorts of variations to experiments by varying the circumstances under which the experiments are made, and in this way furnish the most reliable proofs in the form of counter-tests, by which your conclusion must stand or fall.

If a difference between provers' records is allowable at all, it may be applicable to the form of expression,—the language in which various provers express themselves in their reports. Herein we are undoubtedly able to agree; also, that too great differences of expression should not be reconciled by skilful interpretation. We have provings where differences are made, when this should not be the case,—for instance: "pressure like a stone," "weight like lead," or "grinding pain," or "pain as if

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crushed between two stones." Some matter-of-fact prescribers, destitute of imagination, regard such terms as very significant in their difference; and a case known to the writer is very much to the point, in which a patient was allowed to groan, and got no colocynth high or low, simply because he did not use the phrase, nor allow it to be extorted from him, that "his bowels felt as if crushed between two stones," which phrase some author had declared to be a key-note. Such differences are easily and justly to be reconciled, and included within the above indicated margin.

The great question is as to what constitutes evidence of the validity of the result of an experimental test,—a term which is preferable, as it means that we are questioning nature, and watching for a reply. By agreeing upon what we can accept and reject as evidence, before augmenting our store of errors, we shall initiate the proper means of solving the troublesome questions which have agitated our otherwise harmonious household.

The testing of drugs requires no other or better principles of testimony and evidence than a profession like that of the lawyer. To him the testimony of one person is not evidence. To make an allegation evident, requires the testimony of many. Although the same principle holds good in the testing of drugs, and deserves here to be most rigidly enforced, it is far from being employed to that degree, and in too many cases far from being applied at all. If the results agree, well and good; but if they all disagree, what then? Are they omitted, as they should be? By no means; for is it not taught that provers may differ, and may there not be some grains of good concealed in the vast number of discordant effects recorded? It is never asserted that there is, but the question is supposed to supply the affirmative answer which is taken for granted.

The very serious business of testing drugs should allow nothing to be taken for granted. No judge, no jury, no philosopher, no practical experimenter, would give a verdict or found a conclusion upon the testimony of one witness or one solitary experiment, or that of a hundred witnesses or experiments all disagreeing in results. The negative evidence of several discordant experiments is more valuable than one solitary observation,

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and yet we hoard up such one-sided or contradictory testimony as if it were divine inspiration.

Another source of error, and a very reprehensible one, is this: A substance is distributed among perhaps fifty provers. Of these only three or four record results, which do not agree, but are printed, while the negative testimony of the forty-three or four who had no results is simply ignored, while it should have been considered conclusive of the uselessness of the preparations distributed. Such examples are not wanting.

Such are some of the errors into which we are drifting in the absence of a firm rule to guide us in our experimental tests or provings; and while such errors are persisted in, no question can be decided, no problem fairly solved. Thus we may not hope for any solution of the questions of potencies, of succussion, nor for a materia medica really useful under our therapeutic law, unless we consent to be governed by principles and rules under which other branches of science progress rapidly,—that is, as rapily as the tortoise overtook the hare. We are the hare, skipping and frolicking about in the cabbage-field of potencies, succussion, and dynamization. Let us beware lest the tortoise of slowly moving positive knowledge overtake us before we have solved the little problems according to the behest of the Institute.

If in future we will adhere to the necessary sequence of accepting only that which in all experimental trials agrees, and of rejecting everything which distinctly disagrees, and that which is uncertain, we will advance in solving problems which deserve to be called vexed questions only because of our want of method, and here and there a little timid shrinking from the full glare of daylight, keep us vexatiously floating between stagnation and progress, between zealotism and pains-taking desire to know.

When an experimenter consumes a few pellets of the C. M. of somebody's manufacture, and reports numerous symptoms, as such provers are sure to do when they know that they have taken a "high potency," or when too sanguine and too expectant, their records will all appear sooner or later in print, if not in some compendium of materia medica, no matter how much they may differ from the records of a score of others who have

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either taken the same C. M. or the crude drug. The records are all preserved in a sense of loyal devotion to a habit. No distinction is made between the records of the C. M. provers, and those of provers of other potencies; they are mixed up by the compiler with the observations following the taking of the crude drug, of the third, the thirtieth, the two-hundreth, and any attenunation that happens to have been tried; and this is done indiscriminately from an almost supernatural fear, now already transmitted from generation to generation, of committing a sinful act by excluding even a part of this mass of ambiguous and contradictory testimony. See, for instance, Sepia.

The methods of solving the problem of the limits of potentiation by its effects upon the body, and of determining properties of drugs, are identical: both require the same method of experimental test or proving. Now, we have been trying to determine the question of potencies in the manner just described, that is, under the belief or assumption that each prover's symptoms result from the dose taken, because they follow after it, and that, consequently, every recovery is due to the medicine last administered. The result is, that, in this vast ocean of unsatisfactory testimony, no evidence can be extracted that may be regarded as a positive result of the experiments; and this is especially the consequence of the deplorable habit of omitting absolutely negative records of proving, as well as from the habitual absence of negative clinical reports. By this method we will never learn whether a drug has any efficacy or none, and whether it may be used as a medicine.

True knowlege of potentiation, and of dynamization by succussion, true knowledge of drug effects, though within our grasp, cannot be obtained without concert of action; and this can be found in an agreement to eliminate doubtful, conflicting testimony in order to arrive at evidence. Let any number of provers take a dose of a drug, let us say in palpable dose; let them record faithfully their experiences after it, and then let them be rigidly compared as to their meaning and value. If all disagree, and if the disagreement consists in vagueness, triviality, and ambiguity of statements, this ought to be accepted as a significant and positive indication that the recorded effects were not due to the substance taken, that it was inert, or that the

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experiments were faultily conducted. If, however, the testimony of numerous experimenters agrees unequivocally and decidedly, accept it, or accept only that which positively agrees in all reports.

Let the same number of experimenters take a "high potency" of the same drug, compare their results, and then judge of the result according to the rule, previously agreed upon, that the results, to be valid testimony, must harmonize not only among themselves, but also with the results of the previous set of experiments. If so, let them be accepted; but if not, let them be rejected as mercilessly as any other doubtful or conflicting testimony.

Another subject in regard to which an agreement deserves to be sought, is to determine and define the word "symptom." This literally means a sign, and, in a medical sense, a sign of disease. In the experimental test of drugs, we endeavor to find, not what disease, but what sign or symptom of disease, these drugs will produce. In accordance wit the excessive latitude allowed by the laxity of modern ways of proving, all sensations, normal, abnormal, and emotional, recorded as having been experienced by provers, are to be considered as due to the substance taken. From this it follows that every conceivable sensation recorded, or yet to be recorded, is to be considered as a symptom, without the application of any critical rule to distinguish pathological symptoms and normal sensations. And this mistaken course is followed in spite of Hahnemann's axiom that each drug is capable of producing a distinct and peculiar kind of effect which serves to distinguish it from every other drug.

Next to the rule as stated above, that only congruent symptoms derived from all provers should be accepted, the definition of the value of the word is embodied in the rule: *Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects, which serve to distinguish each drug from others; but these effects shall not be considered as resulting from and peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), and unless they indicate some recognizable class of pathological states (diseases).*

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When we use this as a working rule, together with that previously stated,—that such symptoms shall not be accepted except when corroborated by numerous tests *without* conflicting testimony,—we shall have something to guide us. Sensations are not necessarily symptoms; they are by no means identical. Numerous varying and even disagreeable sensations are quite compatible with health in most persons. A symptom of disease, that is an actually pathological condition, or sign of pathogenic drug action, is to be distinguished, *first*, by its regular occurrence in all provers, and, *secondly*, by subjective pain or positive discomfort and objective elevation of temperature, as well as other actually functional disturbances noticed by the observer of the prover. This is what Hahnemann desired to have recognized; this is the spirit in which he made, dissected, and purified his own provings; this was inductive experimentation inaugurated, though not perfected, by Hahnemann in regard to drug-proving. It was for this he contended, for this challenged single-handed the inveterate dogmas of ages. If this was not the meaning of his reformatory spirit, why, then, it had none.

It was stated above that the difficulties of proving have been underrated. It was thought that any intelligent physician or layman could observe correctly, and perform simple experiments. As well might it be said that any intelligent physician might perform ovariotomy or iridectomy simply on the strength of his diploma. "Proving," as hitherto practised, requires no special skill; but experimental tests under sterner rules, to yield reliable results, are only to be conducted by those of tried experience in devising means in their *ingeniously varied* interrogations of nature, of avoiding errors which, as experience has taught, will be let in more easily than excluded. To learn to be expert in experimental tests of drugs, or "proving," is probably as difficult as it is to become an expert surgeon, painter, or musician. The rigid application of principles formulated into rules does not render the experimental test of drugs easier; but it is to be hoped that it will lead to more reliable results, results which shall hasten the more general acceptance of the main axiom of our school. What is wanted are workers not dependent on their profession for a living, who have, or are supplied with, the means for work, money, laboratories, and material,

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in order to accomplish what we need,—proofs, rather than provings.

One who endeavors to amend a method by rules like those contended for in the preceding pages should support his arguments by illustrative examples. Besides being contained in the articles named in the first part of this paper, such examples may be found by interested readers in an article entitled, "A Proving of Curare," in *The New England Medical Gazette* of December, 1885, and also in a more extended form in the original proving, in the now ready Publications of 1885 of the Massachusetts Homœopathic Medical Society. The latter also contains an excellent proving of Xanthoxylum fraxineum. In the former it was shown how much a proving may be condensed for practical purposes under the simple and safe rule of excluding incongruities and conflicting testimony. The second proving illustrates that provings, when properly made, without excessive fear of the physical discomfort, will and must produce analogous and identical effects upon all provers.

Our materia medica contains a large number of provings like this, more than enough to supply us with material for all practical purposes. Among over a thousand medicines, several hundreds are more than enough; and these, although proven by the method hitherto in vogue, by some patient culling may be mad to stand the test of more rigid rules advocated in these pages. The greatest difficulty lies in the lack of qualification, and perhaps, to distinguish the well-tested drugs with congruent effects, from the valueless, lengthy but incongruous, testimony with which they are alphabetically mixed.

To look into our works, to sit in judgment over our own methods, will be regarded as a slight to our school only by those who do not have its true progress at heart. To discover and to eliminate errors in our methods of building up a materia medica, should be the duty of every honorable homœopathist.

We need new provings much less than we need the investigation of questions such as we are bidden by the Institute to solve. It is a matter of congratulation, that such an investigation has been initiated. The earnest and fearless spirit from which the movement arose, and the support which it received, are a guaranty that the result, be it for or against previous views, will be an enduring one.—C. WESSELHŒFT, M. D. [in New England Medical Gazette, June, 1886.

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SURGERY.

A CASE OF POTT'S DISEASE.

Lillian E., weighed at birth nine pounds and ten ounces, and was a healthy child until about fourteen months of age. Between six and eight months, she got six incisors, and showed no further dental activity until about thirteen months. She began walking at one year, the walking having been preceded by a short period of creeping.

Her complaxion was very fair, with light hair and blue eyes. Her build was not slender, neither was she over-fat; and her gait was remarkably strong and firm.

At about fourteen months she received a fall from the nurse's arms; and soon after she began to show a slight unsteadiness in her walk,—a hesitation, and gradually increasing apprehension of any shock. She also at times, when sitting in her high chair, would scream as if in pain. A slight swelling, with tenderness, appeared on the right of the spine, near the posterior margin of the scapula, resembling a commencing lateral curvature of the spine. There was quickened respiration on making any exertion, which soon developed into an exceedingly stertorous breathing whenever she fell asleep, and continued during the whole sleeping period. Inspiration was indeed so difficult, that it seemed a most surprising thing that she could sleep at all.

These symptoms were developing from December until February, when the case was put under treatment.

She was simply placed in a recumbent position; and so great was the prostration, that no restraint was necessary to prevent her from moving about.

Previous to this time the stomach began to show signs of weakness, and the food was frequently rejected. It was found necessary to confine her diet to milk almost exclusively. To such a degree had nutrition failed, that in March the emaciation was very great, even the milk being frequently vomited. Mellen's Food was added to the milk; and from this time it was well borne, and the appetite increased to that an improvement was soon perceptible in the general condition; and by June she had acquired a fair degree of flesh, and was feeling much better.

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During June the stertorous breathing rapidly improved, and finally disappeared. The swelling and tenderness of the back had also entirely disappeared.

During all this time there had been a gradual development of the teeth; the gums being badly swollen throughout their whole extent, and a number of teeth having made their appearance. She was now feeling so well as to wish to try to walk; and as the back seemed well, she was allowed to do so a little, which she did by taking hold of things.

The glands on each side of the neck, near the angle of the jaw, were a good deal swollen, and more so on the left side, so that the head was carried slightly inclined to the right.

At about this time a swelling and tenderness made its appearance on each side of the neck, just behind the sterno-cleido-mastoid muscle. The one on the left increased quite rapidly, and soon became so tender as to prevent any attempt at locomotion.

In July this abscess was opened, and discharged a drachm, or so, of laudable pus.

In October the right side had also filled, and was lanced with a like result. Soon after, there was an improvement in the tenderness, so that the child began to attempt to move about some, by creeping; but the head could not be held upright, and when sitting up the chin rested on the chest.

In the following February, the spinal difficulty began to develop itself in the lumbar region, at about the third lumbar vertebra. A decided prominence made its appearance; and on examination of the abdomen, a tumor as large as a hen's egg was found in the left iliac region, showing that pus had formed, probably at the point of lumbar affection, burrowing its way to the point at which the tumor was found.

In order to combat this new encroachment, the child was placed in the horizontal supine position. That the spine might be preserved in as perfect a condition of rest as possible, a steel frame was made in the shape of a parallelogram, a trifle wider than the patient's shoulders, and as long as her height; upon which she was laid, a small cushion being placed under the hollow of the back to preserve, so far as possible, the natural curve of the spine. A strap was then placed across the chest

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just below the axillæ, and fastened to the frame on each side; also a strap across the pelvis, fastened in the same way.

Somewhere about the last of October, minute particles of bone began to be discharged from the sinuses on the neck, and continued to make their appearance from time to time until the following May; amounting, in all, to perhaps five or six grains.

After placing the patient upon the frame, her general health rapidly improved. She seemed to suffer no inconvenience from her enforced supination, except for a few nights at the first, as she was in the habit of sleeping on the side, but soon learned to sleep well on the back.

She was not allowed to be removed from her position for any purpose, her clothing being so arranged that it should not be changed more than once, or at most twice, weekly, the same clothing being worn night and day. Once daily she was turned upon the side, and the back gently rubbed with the hand, rum, brandy, or salt water being also applied.

The iliac tumor was painted with a weak solution of tincture of iodine, until some irritation appeared, when the process was abandoned.

Her food was mostly milk; but she took also considerable raw scraped beef, and some other simple articles of food.

Her medicine was *calc. c.*, or *syr. lacto-phosphate of lime*, using three-quarters simple sirup; though she got also *silica*, and some other remedies incidentally.

In September the ulcer on the right side of the neck showed signs of healing, and was entirely healed in October; the left side closed up in a month or two after, and at about the same time the iliac tumor was found to have disappeared. Anchylosis of the diseased vertebræ also appeared to be in a progressing state.

By March 1, one year from the time she was placed on the frame, the general health was excellent; and apparently all lost osseous tissue had been replaced, and the diseased vertebræ firmly soldered together. She therefore had made for her a supporter, consisting of the usual pelvic strap, with a steel brace each side of the spine, and a transverse piece at the top, the different parts strapped to a canvas front resting upon the chest and upper part of the abdomen.

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With this adjusted, she was allowed to sit up in a chair,—giving support on all sides,—and also to stand occasionally; she bids fair soon to be able to walk. The head is held firmly erect, and the general form is good.

As an invaluable adjunct to her treatment during all this time, an abundance of fresh air was deemed essential. To this end she had a carriage constructed sufficiently large to admit of her being placed in it while still lying on the frame, the carriage being carefully upholstered, with a spring-bed to prevent all jar. In this way she was kept out of doors many hours daily, when rain or snow did not prevent.

This case illustrates the advantages of absolute rest in the horizontal position, at least for a period, in all cases of curves of the spine.

The little patients are never found to suffer from such confinement; on the contrary, the general health will almost invariably be found to improve.

The reason is plain: the general health is the index of the local irritation, and that irritation is caused by the weight of the superincumbent portions of the body, which grind the diseased and sensitive portions of bone together at every motion.

There is no method yet devised, whether plaster jacket or steel supporter, of whatever kind, that can begin to compare with this in efficiency in removing this cause of irritation.

After being confined in this way, even for a short time, the inflammation will be found rapidly to subside, pain ceases, the appetite improves, and the patient becomes less fretful and troublesome, or even happy and playful.

An early diagnosis is of especial importance in these cases.

If deformity is to be obviated, the disease must be recognized before the bodies of the vertebræ have been destroyed; and I can conceive of no greater responsibility than that which rests upon the physician who is called to a little patient when the whole life may be made miserable or otherwise by his skill or carelessness in diagnosis. Nothing can excuse him if he fails to take every precaution for the safety of his patient.

In almost every case we perceive, at first, a failure of the general health, with listlessness and indisposition to motion.

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Then we notice that all motions are carefully made: especially in walking is the patient careful to tread lightly; and particularly in ascending or descending even slight elevations the smallest possibility of a shock is avoided. Soon there is developed a stiffness of the back, which leads the patient to avoid stooping; and to pick up anything from the floor, he will bend the knees rather than the back.

Pain is not a guiding symptom.

Gastric, urinary, or pulmonary difficulties may be present, and are valuable in making up the exact diagnosis of the case. Physical examination of the spine at this time may show a slight prominence of one of the spinous processes, the beginning of angular deformity.

If the physician fails to determine the nature of the disease with which he has to deal, let him be sure, at least, to err on the side of safety, if he err at all in his treatment; for there is no disease whose primary symptoms simulate spinal caries, that would be seriously affected by the treatment proper to be applied to that disease.

In closing I will add a brief table, prepared by Dr. C. E. Webster, of Chicago, for assistance in the differentiation of Pott's disease.

TABLE FOR THE DIFFERENTIATION OF POTT'S DISEASE.

	Pott's Disease.	*Strain or Cellulitis.*	*Hysterical Spine.*	*Muscular Rheumatism.*	*Coxarum Morbus.*
Prodromic stage.....	May be months in duration.	Absent.	Absent.	Absent.	Months in duration.
Motions and attitudes ..	Suggest anxiety to keep the back from hurt.	Show a stiff back.	Natural.	Not characteristic.	Suggests trouble in one leg.
Pain.....	Intermittent, remote from spine. Constant, in the spine, increased by pressure.	From motion with local tenderness increased by pressure.	Very sensitive at a few points to a light touch, the patient writhing in pain.	Not local at one point, motion painful.	In leg.
Stiffness.....	Local.	Local.	Absent.	Absent.	Of hip.
Jar and pressure ..	Aggravate symptoms.	No effect.	Gives varying results.	Negative.	Aggravate symptoms.
Extension...	Relieves symptoms.	No effect.	No effect.	Negative.	Relieves symptoms.
Early deformity....	Angular.	Absent.	Absent.	Negative.	Lengthening of leg.
Paraplegia...	After deformity.	Absent.	Hysterical.	Negative.	Absent.
Tumor	From abscess.	From abscess.	Absent.	Negative.	From abscess.

Sacro-iliac Disease.—Resembles hip disease.

Torticollis.—If from cervical caries, the patient supports the head with hand. Palpation detects thickening and tenderness of vertebræ.

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Superficial Caries.—Constitutional or traumatic causes, abscess no deformity.

Aneurism of Aorta.—Deformity slight, not angular, signs of aneurism

(Other tumors.—Either inter-thoracic or abdominal; deformity not angular; physical diagnosis of tumor.—Dr. E. W. Andrews.)

Disease of Kidney.—Differentiate by the urine.

Lateral Curvature.—Deformity not angular; not stiffness.

Rachitis —Deformity not angular; affects other portions than the spine.

Muscular Weakness.—Deformity obliterated by lying down.

Hernia.—Sudden disappearance of tumor, with absence of spinal symptoms.

Paraplegia, without deformity, may be ascribed to Pott's disease if there are spinal symptoms and no other assignable cause.

Diseases of Childhood, with a long prodromal stage, are to be differentiated by the concomitant symptoms. (Acute, with local pain, to be differentiated by the concomitant symptoms and the results of treatment.—Dr. Graham.)

Authorities.—Bauer, Brodie, Paget, Sayer, Shaffer, Shaw, Taylor, and others.

J. J. SHAW, M. D., Plymouth, in *Trans. Hom. Med. Soc. of Mass.*

SPONTANEOUS EVOLUTION OF A LIVING CHILD AT TERM.—Dr. E. Lvoff reports the following rare case in the *Russkaya Meditsina* of February 9, 1886. The woman, a strong, well-nourished peasant, thirty-five years of age, had given birth to six children by normal head-presentations. At the birth of the seventh child, after the bag of waters had ruptured, a hand came down. The midwife thought, however, that there was no occasion for alarm, and did not send for assistance until four hours had elapsed. When the writer was summoned, he found a transverse presentation with the left hand down in the vagina. The head lay high up on the right side, the back of the child was directed forward, and the breech was to the left and rather tightly wedged into the entrance to the true pelvis. The child was alive, and the pulsations of the heart were distinctly audible. The pains were strong and frequent. Just as Dr. Lvoff was about to introduce his hand to turn, during a severe pain, the breech slipped a little and came into the outlet, while the head passed upwards. After this the labor was quickly terminated without assistance, and a living child, weighing nine pounds, was delivered. Spontaneous evolution is not very unfrequent in the case of a dead or immature child, but it exceedingly rarely happens that a well-developed living child is born in this way—indeed, some writers have denied that such a termination is possible.

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SOCIETIES.

SANITARY CONVENTION AT KALAMAZOO, MICH.

The Kalamazoo Sanitary Convention, under the auspices of the Michigan State Board of Health, held its session June 1 and 2, 1886.

After addresses by the mayor of the city and the President of the Convention, Dr. H. H. Schaberg, health officer of Kalamazoo township, read a paper on "Diseases of Poverty." The diseases incident to poverty include among their causes malnutrition, insufficient or improper clothing, and a bad hygiene of poorly built, unhealthy dwellings. The terrible results of deficient or improper nutrition are found in the infants of the poor. It virtually kills the child in many cases. How can an infant's weak organs assimilate the improper food thrust upon it? The mother, weakened and harassed by lack of food, and permanently broken down by overwork, is unable to give a child a good constitution. And when the natural food of the infant is supplemented by unfit food from other sources, its life is stopped by terrible suffering. Indigestible food causes many untimely deaths, killing more human beings than all other cases. Insufficient or improper clothing is also a great evil, too warm in summer, too cool in winter, causing the child to become stunted or dwarfed. Ignorance kills rich and poor. Poverty often debases by stunting the sensibilities, destroying she sense of cleanliness by close quarters and lack of means for cleanliness. Despair, discouragement, and surrender to these circumstances follow. Filth does not start a contagion, but it causes it to become more violent and prolific. The physician in such cases has to battle against ignorance, obstinacy and resentment, where the case needs the most favoring circumstances. It has to be treated and checked where the family live, in one or two rooms, with no ventilation, over a poisoned cellar or a soil that is a death-trap. The doctor cited a case in his practice, of obstinate disease that was finally overcome by simply moving the patient to wholesome air. He noted particularly one local case of ill health, in the practice of girls working in celery gardens in the late fall, doing themselves great mischief by keeping their hands in the cold water washing celery for market, sowing the seeds for much future evil.

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"Sanitary Regulations of the Hebrews" was the subject of a paper by Rabbi Ignatz Mueller, of Kalamazoo. He showed the growth of interest in sanitary regulations to the present day, and emphasized the misery produced by ignorance. Hatred against the Jews had kept the knowledge of their sanitation from the world. Two principles stand out prominent in the Jewish regulations. The Hebrews insisted on cleanliness and temperance. Cleanliness was the first condition of health, and the discrimination between clean and unclean food was shown by the rabbi by frequent scriptural quotations. The regulations concerning food were supplemented by those concerning conjugal life and purity. Violation of marriage vows was punished with death. Sanitary activity extended over both public and private interests. The dead were decently buried though they were friendless. The principle of temperance was no less carefully observed. The Mosaic code did not favor asceticism or austere abstemiousness. The use of wine was allowed. It is an error that the Jews do not and did not use fermented wine on the feast of the Passover. Wine is not wine unless fermented. Hebrew and Greek passages were cited in proof of this. Indeed, there would be no merit in the moderate use of that which cannot intoxicate. A Talmudic fable illustrates satan's use of wine and the abuse frequently made of wine. Intemperance was strictly forbidden by the Jewish code, and the most impressive words are used against it as the source of crime and degredation. The intemperate and gluttons were punished by being stoned to death publicly. (Deut. 21: 18-21). And this very thing had such a great influence upon the Jews, that not only, as the Talmud says, was this law never enforced, but is it not true, even now-a-days, that one rarely finds any drunkards among Jews? Now you see a striking resemblance between our modern sanitary provisions and those prescribed by the Mosaic code. But we see, at the same time, while our modern sanitary regulations do not much interfere with the habits and manners of the individual life, the Mosaic law draws even those into the sphere of its codification, and regulates them without encroachment in the realm of individual freedom.

In the first evening session, Mr. Frank Wells, of Lansing, Mich., read a paper on "History of Investigations Concerning

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Micro-organisms, and the Germ Theory of Disease." Everything is filled with these minute beings. These spirits of the air are ever contending for an existence, the life germs and the death germs. The old theory that decay is a process of oxidation has given way to the new one that this process is caused by living organisms, which cause apples to decay, eggs to become addled, and yeast and other things to ferment. The paper described the long contest between the disciples of Darwin and their opponents whether there was such a thing as spontaneous generation of life, or the apparent evidences of this were merely produced by organisms contained in the air and other mediums. The history of science, the speaker remarked, was a history of the overthrow of beliefs, and such was the fate of the theory of spontaneous generation. The struggle between these two theories passed through an eventful course. One young chemist, Louis Pasteur, doubted the efficacy of the test that had been relied on to prove spontaneous generation, and produced experiments that for a time settled the matter. A rival inclosed a wisp of hay in a receptacle filled with artificial air, the air having been submerged in mercury, which was assumed to cut off all trace of living organisms, and succeeded in showing the development of life in the hay after those close precautions. Pasteur, however, reserved the conclusions of the demonstrations by showing that mercury itself was a medium for carrying the organisms, and must have supplied such to the hay. He then procured air from different localities where the atmosphere was little laden with germs. Those which were freeest were from up on the Jura and were taken from the stratum of a strong wind in the high atmosphere. With these specimens of air that were shown to be in most cases wholly free from organisms he showed that the union of air with putrescible liquids did not produce animalculæ. Tyndall's test, showing that the clearing of air by passing it through flame, demonstrated the materials in it to be organic matter, and his final and conclusive test with test-tubes in an isolated chamber, putting an end to all further dispute, were also described.

The similarity of certain contagions to fermentation early led to a suspicion of the germ theory of disease. The paper described one of the earlier demonstrations in a particular class,

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the near annihilation of the silk-worm industry in France, and loss of $20,000,000 a year, the appeal to Pasteur to investigate, and his almost instant discovery that the disease was caused by a minute organism, and the complete remedy he suggested in having the silkworms raised from eggs free from the infection. His experiments in identifying the cause of splenic fever in sheep and cattle, and chicken-cholera in fowls, and demonstration of a remedy in vaccination were also described. His experiments showed that the virus could be used to protect against itself, going so far as to silence all doubters. Lyster showed that bad results of surgical operations were due in great part to microbes. Dr. Koch made the discovery that consumption was due to bacilli which seized on people predisposed to it. The saliva and fluids of the alimentary canal furnish a medium for the disease germs. The cholera bacillus was soon afterward discovered. The possibility of vaccination as a preventative was foreshadowed. Those organisms were found to be enormously productive, multiplying to the extent of 16,000,000 for 1 in 24 hours. The paper also described the most recent experiments of Pasteur on rabies; the inoculation of a rabbit by trepanning its brain and infecting it with the virus; then transmitting it from one rabbit to another through a long series till the virus was attenuated, and could safely be used for inoculation.

Dr. Victor C. Vaughan delivered an address on Disinfection. It is the office of disinfection to destroy the germs described by Mr. Wells' paper. The difference between disinfection and antiseptic properties must be kept in mind, the agency of the latter being to retard decay. A common instance is the use of salt; another that of smoking meats to preterve them, the creosote of the smoke being the active agent. A disinfectant is a germicide, and many of the germs can be killed if we can find out where they live. Germs multiply by a process of dividing themselves or through spores, analogous to seeds. Disinfectants are of two classes, as they destroy the germs themselves or their seeds. Fire is one of the best disinfectants. Steam is next to fire. When heated to the degree required for 25 pounds pressure it is very valuable and can be applied to articles through the medium of a tight box. It is impossible to disinfect a room while occupied by human beings. Among the common disin-

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fectants a good one is corrosive sublimate, using two ounces of the solution to a gallon of water. Chloride of lime, eight ounces of the solution to a gallon of water, is good, but does not want to be placed in a saucer; put a quart of it in the commode that receives the excreta. The burning of sulphur to purify a room, after diphtheria, is effective. The room should be made tight. Use three pounds of sulphur to every 1,000 cu. ft. of room space. The room can be opened and aired after 12 hours. Dr. Vaughan also dwelt on the means taken by physicians and nurses to prevent taking a contagion or carrying it in their clothing.

SECOND DAY.

"The Sanitary Aspects of the Proposed Straightening of the Kalamazoo River," by George S. Pierson, City Engineer of Kalamazoo, was purely of local interest.

"Healthy Homes," by Dr. Vaughan, of Ann Arbor, was devoted mainly to the homes of the working classes, but the principles stated were of interest to all classes. A cottage may be as healthy as a palace, but it must stand on soil in which there is no animal, and not much vegetable, matter. A house on damp ground breeds consumption. A layer of cement, impermeable by gasses, should be placed beneath the floor. The cellar should have windows hung on hinges, kept open when practicable. Use no arsenical wall paper. A good druggist can make the arsenic test at small expense. Make the floors of hard wood, and have tight joints. Rugs are preferable to carpets. Do not shut out the sun; faded carpets are not so bad as faded cheeks. Have the living rooms on the sunny side of the house. The kitchen is the most important room in the house; if it is filthy and unhealthy, all else is vain. It should have a window on two sides, and an independent ventilating shaft. Have both window sashes movable in all the rooms. Houses built without ventilation can be partially ventilated by a short board, setting under the lower sash, leaving a space where the sashes join. A room heated by a stove can have a good air supply brought into the room by a pipe opening into a jacket around the stove. Ventilation can be had by a pipe leading from near the floor to the chimney, but a chimney should have one flue for smoke, and another for foul air. Water is a great

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source of disease. When a cistern is filled from the roof, it should be arranged so that the first washings of the roof in a storm can be turned off from the cistern. Build the cistern so that the soakage from the surrounding surface is impossible. With regard to the disposition of excreta the professor preferred the dry-earth system, the accumulations being removed semi-monthly. It costs less than $5 a year, and does not admit of contamination. Garbage should be burned. Cesspools should be water-tight, ventilated, and emptied once a month.

A paper on "Sanitary Condition of Public Buildings in Kalamazoo" was read by Dr. John H. Kellogg, of Battle Creek. He was followed by Dr. C. B. Cornell, on "Need of a Public Hospital in Kalamazoo."

In the last session of the Convention, there were three papers on "Personal Duty of the Citizen Touching the Prevention and Spreading of Communicable Diseases"—One from the standpoint of the lawyer, by Judge A. J. Mills; from the standpoint of the clergyman, by Rev. J. Z. Rossiter, of Kalamazoo; and from the standpoint of the health officer, by Dr. Foster Pratt, of Kalamazoo. Judge Mills specified the several classes of laws relating to public health which it is the duty of the citizen to uphold by co-operating with the health authorities.

Dr. Foster Pratt, of Kalamazoo, asked attention to the fact that scarlet fever and diphtheria are dangerous and fatal diseases, causing deaths compared with which the deaths from small-pox are insignificant; yet, that people do not fear them shows that they do not understand the facts. Citizens should inform themselves on these subjects, and then they should co-operate with the officers of local, state, and national boards of health for the exclusion, prevention and restriction of communicable diseases.

The president of the Convention, Judge Severens, before the close of the session, said that the purpose of the convention had been noble. The statutes of the state in an early day on sanitary subjects were of no account, but of late a scheme had been developed which showed some good sound sense. These conventions are for the benefit of the people. The attendance had been light, but the publication of the papers would instruct and benefit many others. Great good, he thought, would be accomplished by the continuation of conventions of this kind.

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CHAT ABOUT BOOKS.

THE PHYSICIAN'S CHEMISTRY. BY CLIFFORD MITCHELL, A. B., M. D. CHICAGO: GROSS AND DELBRIDGE, 1886.

From the first page of this volume to its last the author has faithfully kept before him the acknowledged aim of this book "to give much information in as small space as possible," and he has really succeeded in crowding into a book of very modest size a very great deal of matter. Both the special strength and the special weakness of the work depend upon the rather, and necessarily so, fragmentary manner in which a large number of subjects is treated, making the volume a considerable help to the student who wishes to review, or who desires to get a bird's-eye view of Medical Chemistry, but at the same time proving quite insufficient for other purposes. However, if we understand the purposes of the author, he had no intention whatever to write more than a sylabus, and as such the present work, like other publications of the same writer, can be *heartily* recommended. The chapter on urinalysis is of particular value.

MEMORANDA.

A "North Carolinian," one of the younger medical men in his state, in discussing the injustice of the "Medical Practice Law," so warmly supported by his more ancient colleagues, thus discourseth upon the learning of his betters, (*Medical Record*, May 25, 1886): "It is highly probable that the younger members are not the only ones in the medical profession to whom it would be a benefit, both to themselves and the communities in which they live, to have their memories refreshed upon matters medical. The answers given by the applicants mentioned in your article of February 6th, are not more ridiculously *outre* than many errors of old and well experienced men which have fallen under my own observation. I have heard a noted physician speak of the great sciatic nerve as being on the top of the thigh. I know a physician of many years of active practice examine a patient with the bi-aural stethoscope, placing one aural tube at the base of the scapula, and the other on the nipple, and applying his ear to the trumpet extremity, gravely assure the patient that his lungs were normal, since he could hear nothing with his instrument of precision to impeach their integrity. Another noted physician of this state—one officiously instrumental in having the offensive bill passed—was unable to state *even the number* of bones in the cranial vault or in the face, when requested to do so, as an expert witness in a famous murder trial, by the counsel for the state. Yet all these are wise and well prepared for their work, while the unfortunate who was so unlucky as to pass his degree subsequent to 1880 is subjected to annoyance, expense, and often chargin, by this unjust and unequal legislation."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
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COLLEGE ITEMS.

S. G. MILNER, A. M., '87, EDITOR.

Commencement Exercises, University of Michigan,

AND

HOMŒOPATHIC MEDICAL COLLEGE, U. OF M.

1886.

REPORTED BY EDW. A. POND, A, B., M. D., ('86).

The college-year just closed has been one of quiet prosperity, both as it concerns the University as a whole, and this department. The report of the Secretary of the University shows that 1401 students were in attendance during the year, and that a degree was granted to 366.

The Homœopathic Medical College had forty-nine matriculates, of whom seventeen received the Doctor's degree. Throughout the year the most cordial relations existed between faculty and students, and the quality of the work done by the class, and the progress made, was gratifying to all concerned.

As is usual here, the examinations of the freshmen and juniors were finished in the first week in June, leaving the hands of the Faculty clear, and allowing them to devote their entire time to the seniors. Two weeks, or more, of "boning," of daily and long examinations, with the thermometer indicating the near approach of summer, the suspense incident to the anxious waiting for the formal notification from the Secretary of the Faculty that the final ordeal has been creditably passed, —all these over, the excitement of commencement week is doubly welcome, and the students enter upon its various exer-

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cises with a zest increased by the consciousness that the goal of three years' hard effort is at last reached. The few moments of leisure are devoted to practice in penmanship, chiefly centering in the mystic letters "M. D.," and to plans for future success and easily won distinction in the profession. And thus approaches the hour for the

CLASS-DAY EXERCISES.

Class-day was held in the special operating room of the hospital, at 2 P. M., Tuesday, June 29th. The room was elaborately decorated with garlands of evergreens, ferns, potted flowers in bloom, pictures, etc., the richness of the foliage set off beautifully by festoons of the University-colors which mingled freely with the green. The figures "'86" and the motto "similia similibus curantur," the former in green, the latter in gilt on dark-red curtains, were conspicuous among the decorations near the chair of the class president. The exercises opened with music by Gibson's orchestra, after which Mr. Geo. B. Kelso, the orator of the class, delivered the following oration on

PROFESSIONAL HEROISM.

"We have gathered our posey from other men's flowers;
Nothing but the thread that binds them is ours."

The Alpine tourist, after hours, perhaps days, of hard toil in ascending the rugged mountain; now clinging to some projecting rock or friendly shrub; now leaping from crag to crag; now marching upward with apparent ease, at last stands upon the spot which has been marked from below as a resting place in that journey to the summit, and, while there, looks back upon what he has accomplished. He sees the difficulties with which he had to contend; the hardships he had to bear; the dangers he escaped; the yawning abyss waiting to receive him; the rugged slopes upon which his weary feet stumbled; the frihgtful precipice o'er which he has been tottering.

All these vanish, like a mist before the morning sun, as he beholds the magnificent scenes before him; the thundering cascades; the dashing waterfalls; the rocks pinnacled in fantastic form; the valleys spreading beneath with their waving fields of grain; orchards ripening under a southern sun, and the clear

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and beautiful lakes almost hidden by the enormous mountains. He rests, and looks upon the past but a moment. His one great aim is to reach the summit. His whole heart is centered there. With his eyes fixed upon that object, he again begins his upward journey with renewed vigor, renewed energy, renewed determination to win.

So in every true traveler through life there is a something within him which, duly fostered, creates a desire to keep pace with the onward march of intelligence; to investigate that upon which science has thrown a glimmer of light; to discover the mysteries hidden by Nature's own hands

"When the morning stars sang together;"

to gain influence, power and wealth; to grasp with the difficulties of life, and at last with an air of satisfaction and a gleam of triumph stand upon the summit of success.

It is such a desire that has stimulated every member of this class to years of hard work, and though to many of us they may seem nothing but years of toil, and the whole picture but a sombre one, yet amid all, amid moments of doubt, hours of trial, difficulties of all kinds, sickness, financial embarrassments and a world of cares, we may see the pleasures of a college-life looming up in the distance, the pleasant memories that will never be effaced, and above all we have that pleasure which is afforded by standing upon the first round of that ladder which leads to the realization of our ambitious aspirations. Yet this is not the goal; there is a higher aim, a more rugged path to travel, and a more coveted prize in view. How is this to be gained? That which has built the Pyramids on Egypt's plains, erected the gorgeous temple at Jerusalem, inclosed the Chinese Empire by a mighty wall, scaled the stormy snow-capped Alps, leveled the forests of a new world, and reared in their stead a community of States and Nations, will gain the day; perseverance is the irresistible motive-power forcing you on to great deeds. By perseverance 'tis yours to receive the blessings of a poor, relieved humanity; 'tis yours to stand at the head of an honorable, respected profession and receive showers of popular applause; 'tis yours to gain influence, power and wealth; 'tis yours to climb the ladder of fame and laugh at the diffi-

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culties you have encountered. But in all and through all, let not ambition smother your finer feelings; let it not make you unmindful of humanity, blind to the tears of sorrow, deaf to the cry of pain and oppression, unmoved by the miseries and needs of mankind. The time will come when the names of Napoleon, Alexander and Cæsar will have passed into oblivion, or when they will only be thought of as cruel, selfish and ambitious men, destitute of that heroism which toils and sacrifices for the common weal. He who fights battles, writes books, explores the seen and unseen world of nature, endures hardships, gains and wields political power, accumulates wealth, or engages in any of the learned professions, and does so for the mere gratification of a proud ambition, lives an ignoble life, and when he dies, is deservedly forgotten.

The ideas of honor, fortune, and ambition should be swallowed up in the grander, nobler consideration of humanity—and to do this, it requires the noblest attribute of the human mind —heroism.

The professional hero will think of the benefits he may bestow upon others, rather than any personal remuneration for his conduct. He will disregard personal pleasure, personal indulgence, personal advantage, to relieve the suffering and the needy. In every realm of human enterprise; in war, statesmanship, literature, science and professional life, the most faithful and devoted servants have been, and are, the greatest men; so that he who renders the most lasting and universal service to humanity will ever rise in the world's estimation, far above the man who would make humanity his slave.

The choice which a person makes of a profession is often the most reliable index to his character. Some professions open the widest fields for the exploits of ambition and offer the most dazzling rewards of popular applause and fame. Many engage in the dangers of war and the excitement of politics because they have a taste for battle or debate wherein honors are quickly won. Some professions offer a brilliant opportunity for the development and display of the highest qualities of genius, intellect aud learning; thus art invites her Raphaels and Turners; letters the Shakespears, Miltons, Emersons and Carlyles; invention such minds as Stephenson, Watt, Fulton and

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Edison, and crowns them with unperishable renown. But the physician is called to duties which demand the employment of the highest, noblest faculties, the manliest, divinest attributes and powers of the heart and mind; here are opportunities for the development and exercise not only of talent, genius, learning and reason, but also of love, sympathy, benevolence and heroism.

When one chooses such a profession as medicine, there must be, or ought to be, some noble instinct within, some forgetting of self, some regard for humanity. It is well enough to look out for number one; but a little self-sacrifice, a little self-denial has been the price of the greatest blessings humanity has enjoyed, and these qualities mark the hero.

He who conquers disease is greater than he who defeats armies. He who discovers a remedy is greater than he who finds a planet. He who restores health is greater than he who restores a kingdom. He who saves life is greater than he who saves fortunes and crowns.

Here, then, is a field for heroism, a field for the display of the highest, grandest qualities of man, or a mirror to reflect the meanest, most selfish, most despicable traits in a man's character.

"Were I so tall to reach the pole
Or grasp the ocean with a span,
I must be measured by my soul;
The mind's the standard of the man."

Nothing will make the man, the true man, but the mind and the heroic deeds that permeate his whole life. It is not necessary that we should sacrifice a life at one stroke to become a hero. It is not necessary that the life-blood should be shed in one grand moment to receive the hero's crown of an immortal fame, like many a patriot on the field of battle, many a martyr at the stake, a Nelson on the deck of his ship, beneath the Union Jack at Trefalgar, a Wolfe upon the Plains of Abraham, a John Brown in Virginia, a Lincoln in a Nation's Capitol; but years of toil, usefulness, benevolent actions, humane deeds, stamp the life of a hero; and o'er the graves of such ones as Bacon, Milton, Hemans, Shakespeare, Goldsmith, Burns and Longfellow may be placed a stone with the unperishable inscription—"Here lies a Hero."

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" Such graves as these are Pilgrim shrines,
Shrines to no code or creed combined;
The Delphian vales, The Palestines,
The Mecca's of the mind."

So a Jenner in the very teeth of scientific operation; a Harvey, ridiculed and persecuted; a Hahnemann with the world against him, braving the dangers incident to his experiments, driven from place to place, denounced as an imposter and upstart, yet bravely crying, "If the world be against me, then am I against the world," these men have studied, toiled, experimented, discovered and revolutionized to give the world more light and more happiness.

The hero must be willing to sacrifice a superficial notoriety in the interests of truth and humanity. He must never be so wedded to any pet theory or method that he will let humanity suffer before he will change his opinion; he must sacrifice brilliancy to safety, genius to common sense, dash to strength, and every pet notion to practical results. As our respected surgeon has taught us: be hero enough to choose a good result before a brilliant operation, and though you may lose the applause of, and even be condemned by, an astonished profession, you will gain the heartfelt and lasting gratitude of those you heal and save. It is a lamentable fact that too many of our professional brethren are only waiting to see the weak and erring fall to trample upon and figuratively devour them instead of encouragingly raising them up and strengthening them.

" Storms may howl around thee,
Foes may hunt and hound thee;
Shall they overpower thee?
Never, never, never."

So long as every act is founded upon truth, right and principle

" A place in the ranks awaits you,
Each one has some part to play;
The Past and the Future are nothing
In the face of the stern To-day."

And while we now go out into the world to push our way in the busy throng, may we be true to our manhood and our

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womanhood; we will mingle with the rich and the poor, and though it may be more agreeable to associate with the rich, let us not slight the wants and demands of the poor.

> "Though poor the Peasant's hut, his feast though small,
> He sees his little lot the lot of all."

Wherever our lot is cast: in the far West, the sunny South, the retiring East, or fair Canada, may all our lives and actions be fraught with true manliness, true heroism; let no act of ours mar the good we may do; but may each one be a brilliant star in the firmament of Society,—an example of all that is good, noble and heroic—that we may be a blessing to the world and an honor to ourselves, our instructors and the great University we now are about to leave.

In the world's broad field of battle,
In the bivouac of life,
Be not like dumb, driven cattle,
Be a hero in the strife.

Trust no future howe'er pleasant,
Let the dead past bury its dead;
Act—act in the living present,
Heart within and God o'er head.

Lives of great men all remind us
We may make our lives sublime,
And departing leave behind us
Footprints on the sands of time.

Footprints, that perhaps another
Sailing o'er life's solemn main,
A forlorn and ship-wrecked brother,
Seeing, may take heart again.

Let us then be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.

After another selection by the orchestra, Mr. Harold B. Wilson read the

CLASS HISTORY.

It is my duty as historian, and my pleasure as a member of the class of '86, to place on record those notable events in which

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we as a class have participated, and in which we as individuals have figured, and to mark out those characteristic features which individualize us.

Three years ago we met for the first time under one common roof, our hopes and ambitions united by the ties of common interest. We were strangers to each other then. Three years of constant association, with that intimacy which springs from mutual tastes, have discovered friendships which the progress of ordinary life would never have revealed. We meet to-day, bound to each other not only by the ties of the profession we are about to enter, but by the ties of student friendship and fellowship.

I am expected to relate to you how much better we are than any of the classes that have gone before; how much more we know; how much more we have done; and how much more we are likely to accomplish, so that the record of our professional childhood may be preserved, to roll thundering down the ages that are to come.

We matriculated in September, 1883, and having shown the faculty that we were competent to undertake the study of medicine, entered upon the

FRESHMAN YEAR,

twenty-seven strong, as good-looking and healthy a class as ever listened to the story of Hahnemann, and wondered if all the seats in the amphitheatre were as hard and uncomfortable as our own. The bewilderment of the first few days' work having passed off, we settled down to our labors with a fiery enthusiasm. Our class spirit ran high; we had numerous class meetings—about nothing; elected officers, and provided ourselves with a constitution and by-laws drawn up in the most approved shape, with innumerable articles and sections. One enthusiastic member went so far as to propose semi-weekly class meetings. This brilliant suggestion miscarried, since nobody could suggest anything to meet about. Then somebody struck a new idea. We must know more about anatomy than anybody else. So a Quiz-class was organized, and we took turns running it. We fairly lived on anatomy, and could select a beefsteak on scientific principles. Even our landladies were informed of the tender

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and succulent nature of the *erectores spinæ*, and their superiority over the *glutei* in the edible line.

Of course, we all joined the Hahnemannian society, and went to its socials to have a good time and drink pumpkin-seed coffee. We were the biggest class in the college, and juniors and seniors were afraid of us. As a matter of courtesy, we gave them certain privileges due to their great age. They would never meet us, however, on the base-ball diamond, nor in any trials of skill. Your historian regrets his inability to record those victories we might have won, had battle ever taken place. The long list of triumphs that might have been ours, had we been put to the proof, must forever remain unwritten and unsung. Our scholarship was a monument to our ability. The faculty loaded us with work, and we bore the burden graciously. A few faint hearts gave way, and from the struggles with the faculty in June, together with new recruits, twenty of us faced the work of the

JUNIOR YEAR.

This year was not marked by any remarkable events, so far as the class was concerned. When we reassembled for work, we found that some had learned so much more than others that they had taken the Chicago through-train, warranted to reach the degree of M. D. in five months, with guarantee of safe passage given to each passenger. Those of us who were left, fell in line and supported the wavering fortunes of our then afflicted department. One of our itinerant professors introduced a new game; we all bought a thousand cards, and played Materia Medica for the rest of the year. We seldom appeared in public, and confined our private attention to our books and to our best girls. The result was that the faculty passed us all *summa cum laude* into the honorable and long coveted dignities of the

SENIOR YEAR.

Here we met some new faces, missed some old ones, and commenced our final struggles twenty strong. Now we assumed by right the seats of honor in the front row, even disputing with each other for their possession, and turned our backs on the underclassmen. From those luxurious benches in the pit, upon which we had gazed with covetous eyes for two

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years, we were hurriedly fired by the faculty, and condemned to wear out our anatomies on what the constructors were pleased to call "seats." If there is any one reason more powerful than another, why we are glad to find the last of our college work so near at hand, it is the thought of escaping from those procrustean instruments of torture.

This year we ran the Hahnemannian Society to suit our own sweet fancies. The purpose of this organization being to secure a large attendance at its meetings, this object was secured by the enactment of penal laws for unexcused absences. This plan worked well, the meetings were large and—well, I really forgot just what else the society did, but it must have been something, since its members are to receive a large and beautiful diploma, though this may be a reward of good attendance inasmuch as no one absent three times is to have this "reward of merit."

For months the class raised its feeble voice in protest against being detained after hours, but all to no avail. The most elaborate mechanical contrivances for ringing the bell, the transfer of the clock to a prominent position, and the fifteen-minute bells of the library clock, all were fruitless to check this evil practice, and at last we succumbed to the inevitable.

PERSONAL REMINISCENCES.

One of our early stories is about three freshmen who went out one cold November night to get a Thanksgiving dinner for nothing.

The chickens were all roosting quietly in a tree across the road from the old man's house.

The night was dark, and everything was hushed in sleep,—except the freshmen. Mack was up the tree, and Reynolds was under it, ready to catch the chickens as Mack shook them down. They have since declared that that was not the way they intended to get the coveted fowls, but you can't believe a man who would steal chickens. When the man in the tree began to shake it, and the man below got ready to catch what fell, the poultry naturally objected and set up a loud cackling, so boisterous a noise, in fact, that the old farmer across the road came to the door with a shot-gun, and looked out to see what was up.

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Our friends on the further side of the fence took a hasty departure, retreating and concealing themselves in a field not far away, and held their breath for full three quarters of an hour. Then they returned to the charge, determined to pick the game off the tree, and not try to shake it down. As they were on the point of commencing operations on the poultry under the new tactics, a sudden surprise loomed up in the shape of a big dog and a man with a gun. Running seemed to be good, and they all took to the road. Reynolds, being long-legged and limber, soon left both pursuers and pursued behind. Mack hid behind a fence, but the other three kept on. Over hill and down dale they ran. Miles sped away under their feet, and the old man and his dog at last gave up the chase. The foremost of the pursued paused not, but ran on like a spectral shadow flitting down the road, on and on, with never a stop for rest, and your historian does not for a moment doubt but what he would be running to this very day had he not suddenly fallen headlong at the bottom of a very long and very dark hill, down which he had rushed with frightful velocity, into a mass of mud and water which made him look rather the worse for wear. Slowly he sought the camp-fire, where he gradually dried his shattered remains, while Bob went forth, unarmed and alone, and captured two of the enemy. Stuffing the corpses under their vests, the trio returned home. Bob and Mack dreamed of thanksgiving dinners with a dozen roasted chickens for each guest, while Reynolds dreamed of running 100-mile dashes all night, with a regiment of cavalry in hot pursuit.

This is our only exploit in warfare where there was bloodshed.

Joe invented a machine for finding the similimum for any given set of symptoms. It was a beautiful thing, and his heart ached to try it. Soon the faculty gave an unsuspecting patient suffering from erysipelas and dropsy into his hands to nurse. It was a glorious opportunity for the machine, but the poor man did not survive its application.

It was Baldy who noted the following as the 11th characteristic symptom of Kreasote: "I have finished these and must now go and see the old woman." It is said that the same symptom occurs under a large number of remedies.

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During the senior year there occurred a bitter war between the ladies of the class and the resident surgeon of the hospital. The former insisted on going into the wards for social reasons, and the latter on firing them out of the wards for reasons of public policy. Public policy has universally triumphed, social tendencies have been suppressed, and discontent has reigned supreme. There has probably been a great deal of unuttered profanity wasted on both sides.

THE FACULTY.

We have received instruction under three deans, from four professors in Theory and Practice, not including Dolan; from four in Eye-and-Ear; from three in Materia Medica; from two in Obstetrics and Gynæcology. During the Junior year we had but one man to represent the entire faculty for weeks; but he did it well. Our relations with this changing panorama of professors has always been pleasant. We have listened to their stories, laughed at their jokes, and bolted only a reasonable portion of the time. We have been instructed in at least three kinds of Homœopathy, and in some things that were not Homœopathy, and have learned enough to entitle us to practice medicine. Those members of the faculty whom we have lost, survive through cherished recollections of their abilities as instructors, and their worth as men. Wilson, Allen, Cowperthwaite, and Baldwin, are men whose loss we feel keenly, and whose withdrawal from college work we deeply regretted.

PERSONAL STATISTICS.

Twelve of the original members of the class are with us to graduate; four of us entered on advanced standing, and one joined us this year who entered with the class of '85. We were born in 1492, as follows: three in Michigan and Ohio; four in Ontario; two in Illinois; and one each in Missouri, New Hampshire, Louisiana, Pennsylvania, and at the same place as Dan'l Webster in Maine. We are consequently 423 years and 6 months old; our average age is 25 years 6 months, our oldest member being 41 years old, our infant, 20 years and 6 months old, although he does wear whiskers. Our complexion is, on the whole, fair. Pond and Morris claim auburn hair. We look through hazel, brown, blue, and grey eyes; black eyes we have only tempor-

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arily. We are the sons and daughters of 8 farmers, 2 physicians, 1 lawyer, and others too numerous to mention. We have studied medicine on the average 3¼ years, and attended medical college for an average of 25½ months. We are 93 feet 6 inches high, and weigh 2202 pounds, our average man being 5 feet 6 inches high and weighing 135 pounds. The biggest man in the class weighs only 155 pounds. We have many moustaches and beards. Reynolds tried for chin whiskers, but failed.

We studied medicine for various reasons, from hereditary inclination to philanthropy and ambition. Baldy doesn't know why he studied it, and was evidently the victim of pure chance. Two of us are doubtful as to whether we will practice, or not; the rest of us will scatter about to scratch for a living some where in the United States or Canada. Five of us will make a specialty of the eye-and-ear, and three will take a post graduate course in this study. Two will make a specialty of diseases of women and children, and two will devote themselves to surgery. The most liked branch of medical study is surgery; the most disliked, eye-and-ear. Pond dislikes anything that takes "boning," and Mrs. Clark is disgusted with them all.

We have never spent much money, and our economy is evidenced by the fact that our spendthrift has made way with not over $450 a year, while our economical member has survived on $230 a year.

Four of us have been conditioned. Mack says, he escaped only by bull-headed luck. Most of us will not own to having ponied. Mrs. Hathaway says, she never tried it but once, and was caught at it then.

On the important and much disputed potency question, we hold somewhat varied views. On the whole, the tendency would seem to be in favor of low potencies. Baldy says, he prefers the "very crude." Several are experimenting and willing to be convinced. Kelso has struck a "happy medium." Mrs. Clark stands nowhere, and Hathaway stands "on the descending side of the decimal scale," but does not specify where this place is, nor where he would stand on the centesimal scale. The imagination fails to grasp the idea of medicines on the "descending decimal scale." Perhaps they are a sort of negative potencies—something below the crude drug.

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None of us own to being engaged to be married. The only unmarried lady in the class says she is not engaged, but would very much like to be.

Our regrets are numerous. Many claim to have none, and some have too many. Mack says he never regretted anything in his life, while Baldwin regrets that he ever studied medicine. Others will regret the same thing when he begins to practice.

Seven of us use tobacco, and most of this number expect to quit its use very soon. Very few of us attempted poetry, not even our class poet pleading guilty to this charge.

Our modesty is such that not one of our class will admit having any accomplishments whatever. Our favorite amusements are wonderfully varied, from "playing with the baby," to "hunting" or "strolling through the woods with a beautiful damsel."

Our greatest wishes are for health and wealth for ourselves, and sickness and wealth for our patrons.

If the whole class were boiled down to one man, he would be a good-looking young fellow about 25 years old, 5 feet 6 inches in height, and weighing 135 younds. He would have fair hair and complexion, blue eyes, a fairly decent moustache, and could raise a beard if he tried. Well dressed, but not extravagantly, he would cut a good figure in the world, though he would have to commence practice with very little cash capital. He would be either a surgeon or an eye-and-ear specialist, but in either case would know very little materia medica. He would have studied medicine 3¼ years and have attended medical college 25½ months, and would have had a year's work in a regular collegiate course previous to studying medicine. He would smoke only occasionally, and never make himself offensive by the habit. He would be either married, or expecting to be so as soon as he became definitely located and was doing a good business. He would be what is called a liberal Homœopathist, favoring the lower attenuations, though using the high occasionally. He would be ambitious and capable; whether he would be successful, or not, the Historian is compelled to leave the Prophet to decide.

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OBITUARY.

Only one of our class has fallen in the ranks. Miss Eva Hamlin was taken from us on the threshold of her studies. Those of us who were fortunate enough to know her, appreciate the loss her death has made us suffer.

VALEDICTORY.

Classmates, we met as strangers. We part with the chains of student friendship and fellowship forged firmly about us. In a few days the last farewells will be said, and we will part, most of us forever. Only a lingering memory of the scenes and occupations of college life will remain to remind us of the pleasures and struggles of three happy years. If we ever meet again, there is an invisible band of sympathy between us that will make the mutual grasp of the hand warmer and more sincere. In a few days we shall enter the world as contestants for its honors and rewards. Let us hope that the history of the years to come will be as clean a record of pleasure and success as has been that of our life as college classmates.

Miss Elizabeth Uncapher then read the class prophecy.

A FEW THREADS FROM THE LOOM OF FATE.

Not many nights ago I went to the library to prepare for Dr. Arndt's examination in Materia Medica; when the hour for closing had arrived, I was not half through the book. As I could not induce the attendant to let me take the book home, I bribed the janitor to let me stay all night in the building and finish.

I sat alone in the reading-room, and when I heard the doors slam, the keys jingle, and lost the janitor's foot-steps outside, I felt very lonely; but I turned to my books and read until the building vibrated with the great bell in the tower overhead tolling the dread hour of midnight. Immediately I heard something like a sigh from the book-room. I turned around, and looking in that direction beheld the owl over the desk flapping his wings preparatory to flight; leaving his perch, he sailed heavily across the room and alighted on one of desks. The smaller owl hopped down to the card case, and the clock, supposed to be one of the steadiest clocks imaginable, actually winked at me.

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The heavy iron door swung slowly open, and from the book room issued a crowd of fantastic creatures. They all had very slender arms and legs, and very heavy heads and bodies. They were of square build, and hopped lazily around the reading room. Some who were bent with age, wore ragged robes of parchment and leaned on sticks, each of which resembled a stylus. These spoke in foreign tongues.

Some chivalrous gentlemen who skipped about more briskly than the ancient fathers, were dressed in blue and red, and in pale green, with bright gold-clasps to their cloaks, and they wore pens behind their ears, feather-pens with long thick plumes. These talked gayly of the drama.

Some pale maidens dressed in white, with long gold pens for hair-pins, languidly promenaded the strip of brown matting, and simpered about song and poems.

Heavy gentlemen in brown leather jerkins, with broken type for shirt-studs, and the pens over their ears looking very much like scalpels, were in a group by themselves and talked of Disease and Medicine.

As I stood eagerly listening to this group, a little old woman in a dark cloak, who differed from the rest, came toward me and, looking in my face a minute, said, "You don't look like the spirits; what are you doing here?" I said: "I am only a medical student trying to learn something for to-morrow's examination," and I turned again to hear what those ponderous fellows were saying; but a heavy thumping noise overhead prevented me from hearing. I looked up to the ceiling, and saw that the frescoed trap was open and that the old woman was floating through the air straight up to it. The exclamation of astonishment which burst from my lips caused her to look down at me. She smiled, and dropping slowly to the floor, again stood by my side. "Come with me" she said, "there are other things to be learned besides medicine." "But," I answered, "I must learn about this, for such knowledge will be of use to me." "Oh, my child," said she, "when you go out into the world and try to practice medicine, you will find that it is only my niece Dame Common Sense who helps you. She tells you to leave the patients alone, and my friend Dame Nature brings them out all right." As she spoke, I was in-

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clined to think that all she said was true, and I no longer cared for sick room theories, but felt a strong interest in this old woman with gentle voice and kindly face, whose smile was sweet but whose brow was clouded and lined with care, and in whose eyes lay depths of sorrow. She laid her hand on my arm, and we both floated upward through the trap into the Art Gallery. Here she paused before a loom which I had never seen there before, and, catching up a few threads, put them through the pins and over the shuttle. Looking up into her face I said, "who are you, and what do you want with me?" She replied, "I am mother Fate, and I am weaving a monstrous web of many colors. I am always buisy at it." I looked at the web and saw that it was full of mystic characters, and as I looked at them they told of the 19th century whose last year she was finishing; she needed more threads and had to go all around the world for them. She was going to start now on her journey, and told me that I could go with her and help gather the threads which lay so plentiful on the earth.

I could attend no longer to her, for I was amazed at the life around me. All the statues had come down from their pedestals and were walking around the room; all the medallions from the next room had gained little pairs of wings and were flying gaily amidst the solemn assembly. The moon shone pale, and made the ghostliness of the forms and faces still more intense. Suddenly a hush came over all of them, and amidst the utmost silence and reverence Cicero stepped back upon his pedestal and, throwing back the folds of his toga, began to speak. I wanted to stay and hear him, but the little old woman touched my shoulder and, rising, we both floated right through the roof out into the night. I trembled, but she took my hand, and we went above the earth easily and rapidly. At first I saw cities, rivers and plains in an indistinguishable chaos, but soon I knew some of the cities, though they were larger and older than I had thought them. I asked her, why this journey? "My child" she replied "when I thus fly through the air I see things as they are to be at any future time. I now see them as in the year of our Lord 1900. These are the things which I weave into my web when I go back to my loom. No one but myself and my brother Time read them

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until after the things registered in my web have happened. Some people, called historians, write them in books and think they are very wise. I knew them all before," and she laughed lightly. "You saw some of the spirits of these books in the library to-night." I was wondering at all she said, when suddenly my attention was arrested by a sight in the street of the city we were then passing over. A large crowd of people seemed to be collecting from all directions and determinedly rushing toward the same place. Our curiosity carried us with them. As we drew near the object of so much attraction, I saw what seemed to be a machine of some kind. There were two large hoppers on either side. The people came up to these, put something into one hopper, then passed to the other side waiting eagerly for it to be ground through. My first impression was that it must be the coöperative churn of the 19th century where the people brought their cream, which was put in at one hopper and came out at the other in a roll of butter, wrapped in a napkin, ready for market. Coming nearer, I saw my mistake. The people were ill, and put in symptoms and pathology instead of cream, and received the indicated remedy in an envelope with directions written on the back. I also saw that the machine was run by two large revolving wheels connected by belts and pulleys, with a drive wheel whose motive power was a steam engine. The superintendent and inventor of this machine was Joseph Johnson Fowler, whom I remembered as a pale, quiet member of the class of '86; were it not for his bright blue eye, it would have been hard to recognize him in this robust man who showed conclusively that mechanical prescribing is not at all wearing on a doctor's constitution.

Then we collided with a school-boy's kite, and as it parted from its string, bore it off with us. The kite was made of newspaper which I scanned hastily. Most of the first page was filled with a description and account of the wonderful progress of the latest railroad invention which was an air line communication between the earth and the moon. The United States Signal Service had stationed members of the national meterological association there as observers, when climatic changes and threatened geological convulsions of nature caused them to re-

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turn hastily to the earth, and aerial disturbances broke down the trestles of this railway too soon for the last man, Dr. G. G. Caron, to return. Now he lives sole companion to the man in the moon, and subsists presumably on green cheese. Catching a glimpse of a woman's face among the advertisements, I mentally exclaimed, does Mrs. Lydia Pinkham still live in the papers? Turning hastily to it, I found that Mrs. Pinkham's place on earth as benefactor of woman-kind had been supplied by Laura A. Edwards.

In the same column was the advertisement of a pocket medical lexicon gotten up by Dr. John Wesley McLachlan, who, having settled in Holly, Mich., and married a village maiden, took this means of emerging from the duesetude which otherwise would have been settled around him like a pall.

Passing slowly over a western city, we saw on a bulletin board at the door of the opera house the announcement of that evening's entertainment. A minstrel company of superior order was to furnish the amusement for that night, and much space and large type were consumed in dwelling on the diverting qualities of the great quick-transformation and best end-man, Dr. Edward Herman Pond, who was described as being the champion mouth-organ player of the west. Then I remembered how often in college he had varied the hideous monotony of the morning's lectures by playing sweet strains on his little mouth organ. He had spent a few years in practice with his father, but the music in his soul was stronger than homœopathic medicine, and his mouth organ won him over to the position he now occupies.

Down in a dark alley in a metropolitan city loomed in large gilt letters the words, "Robert Coleman Rudy, Veterinary Surgeon." Ages ago that term meant, and in the country still means, "horse-doctor." His sign was painted for him by his bosom friend, Roscoe Dudley Mack, who, living in the same alley, had gradually changed his amputating knife and medicine case for palette and brush, and his facile artist touch is seen in every business street over the doors of those merchants who are ambitious to have their signs most gaudily lettered.

In New Mexico Lawrence Baldwin occupied the chair of materia medica in one of its colleges. He had hesitated between

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medicine and the ministry, but after many pipefuls of tobacco smoked over the subject had married a Mexican lady, and became a placid professor.

We picked up a copy of the MEDICAL COUNSELOR, and saw a brief sketch describing the flourishing condition of the Homœopathic College in San Francisco. "Those desiring further particulars will apply to the Dean, *Isaiah Snyder Morris*, who will be happy to send catalogues."

As we floated northwestward, we soon reached the ocean, and hovering over a Pacific steamer homeward-bound from the Artic regions, we stopped long enough to read the captain's log. There we read a sad account of the tragic end of Dr. Hugh B. Reynolds, the ship-surgeon. When off the coast of Siberia, he, in company with the first mate and steward, had gone hunting for walrus skins, when a polar bear captured the unfortunate doctor and gobbled him up in a twinkling. Soon the animal had shown great uneasiness, and after an hour's sickness died. The first supposition was that it had been choked with swear-words, but post-mortem examination and careful analysis of the stomach showed that the animal had died from nicotine-poisoning.

When we left the ocean and reached India, we noticed that among the recently arrived missionaries from America were the Rev. Geo. Wirt and Mrs. Matie Tufts Hathaway, both physicians and ophthalmologists, their field of labor extending over the eyes as well as the hearts and minds of their flock. We beheld Mrs. Hathaway leading a long procession of dusky-hued natives into the little chapel where her husband preaches; each native was conveniently and becomingly attired in a pair of spectacles.

Floating over Europe, we saw Mrs. Ridell, who, in company with her husband, was going to attend the International Homœopathic Institute soon to be held at Berlin.

In Austria we stopped a moment over Vienna. There at the Grand Duke's theatre we saw tickets being rapidly sold for the 46th appearance of the Dramatic Club of the University of Michigan, United States of America. Its star was Dr. Harold B. Wilson, who after a few years' practice abandoned the profes-

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sion and adhered to the drama, spending his leisure between rehearsals playing lawn tennis.

Crossing the ocean rapidly, we paused long enough at a small town on the Jersey coast to notice a great number of fat people. In fact, so many there were, that I asked a ponderous old lady if that place was noted for its healthy inhabitants? "Oh, no," she said, "we come from various places to get treatment at the sanitarium." She further explained that this was a peculiar institution founded for the benefit of those burdened, as she was, by an excess of fat. The treatment was never known to fail. In eight months the fattest mortal on record could be reduced to a mere skeleton. This novel development in the medical world interested me exceedingly, and I inquired the name of the founder, the present superintendent, their mode of treatment, etc. She answered: "All I know is that back in the 19th century, in 1886 I think, a lady, Mrs. Annie E. Clark, made a proving of 'anti fat' and so thoroughly was she convinced of its efficacy that she established this sanitarium for the reduction of adipose, with Dr. George Benson Kelso as superintendent and general manager."

"Now," said Mother Fate, "we have gathered many threads, and we must go back to the loom." I had forgotten how long it was since we had left the library building, and although we had flown around the entire earth, it was yet early morning, and no one but Brown was stirring on the campus. Down we went through the roof into the art gallery, where the spirits of art were just as we left them. Mother Fate went directly to her weaving, and while I watched her deftly putting her new gathered strands into her wondrous web, the sunbeams crept through the high square windows and the statues slowly climbed back upon their pedestals and grew cold and stiff for another day. In the book-room the chivalrous gentlemen put themselves to sleep on the shelves pertaining to drama. The warriors and statesmen lay down in the department of history. The fair maidens betook themselves to the realm of song. The crusty aged gentlemen feebly reclined on iron shelves as ancient languages, and all grew quiet. As the college chimes rang out on the morning air I awoke with a start, for I had slept, and as soon as I was liberated I went home and wrote an account of these wonderful things for your benefit.

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After another selection of music, the class-poet. Mr. R. D. Mack, read the following:

Some ideas of the typical medical man
That are held by some people, though none of them can
Tell just where they got them, 'tis ne'ertheless true
That they have them, and in this effort, in lieu
Of some better subject, I'll say what they are,
And then give the facts in the case, as it were.

The first one is this, that a doctor must be
A hard-hearted man, to be able to see
With such coolness and nerve as he seems to possess,
All the suffering and death he's compelled to, unless
It can be that his sympathy's utterly drowned
In the love for the knowledge that's there to be found.

It is true, he's unmoved in the presence of death
And of suffering, too, when each moaning breath
Of the pain-tortured one brings tears to the eyes
Of all save the doctor; so, of course, this implies
The absence of feelings; they don't pause to reflect
That it 's part of his business to keep them in check.

Then 'tis thought that a doctor must be, as a rule,
A sort of a cross betwixt human and ghoul;
That he dotes on dead bodies, and feels most at home
In the presences of corpses; and at midnight to roam
On resurrectionist projects, a subject to steal,
Is the choicest excitement a doctor can feel.

How far this impression is wrong I'll not say,
For opinion perhaps may be molded that way
By blood-curdling stories, some more or less true,
Of dissecting room horrors, and things surgeons do
With those glittering saws and keen-bladed knives
Which seem made just on purpose to cut away lives.

And his cold-blooded talk and mysterious names
For each part of our bodies, and the way that he claims
As prey for his scalpel the bodies of those
Who friendless in prison or hospital close
Their eyes on this world—these seem horrible deeds
For laymen to think of, not knowing the needs.

Then another idea, still more commonly held,
That his life is easy and pleasant—well,
It does look so to see him ride by

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In his buggy, with seeming content in his eye,
With his kid-gloved hands, and his polished shoes,
And his shining plug hat, and his stylish clothes.

But folks seldom think, when they're snug abed,
On a winter's night, when the bleak sky o'erhead
Is showering its snow-flakes down, and the wind
Is bitter and icy, that he must not mind
All those little discomforts, but forth he must go
On his errand of duty, in spite of the snow.

Then on hot summer days, when the quivering heat
Blazes and glares from sidewalk and street,
When all other people may keep in the shade,
Still the doctor his duty can never evade,
Nor put off till 'tis cooler the call that to-day
Must be made, for perhaps death may follow delay.

Be it small-pox or plague that he's called on to treat,
Unflinching and fearless the doctor must meet,
And with all of the means that lie in his power,
Beat back the destroyer, and hour after hour
Exposed to contagion, while each poisonous breath
Of the plague-laden air brings him closer to death.

Then the time often comes, when he's tempted by all
That e'er could influence a mortal to fall,
By the offer of everything wealth can command,
By tears and entreaties, to put forth his hand
And by taking a life, to ward off the shame
That threatens to fall on some family's name.

In storm or in sunshine, in weal or in woe,
Each call he must answer, at each bidding must go;
For pauper or millionaire, no matter which,
The poor he must care for as well as the rich,
Whether roses or thistles may carpet his way,
Whether pennies or dollars his labors repay.

It is said he makes money; but how little that pays
For the wakeful nights and the anxious days,
For the wear and tear on body and brain,
For the years of study, the constant strain,
That he bears in obeying humanity's laws,
While he wears out his life in humanity's cause!

The last speaker of the day, Mr. Hugh B. Reynolds, Presi-

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dent of the class, then closed the exercises with the following address:

Fellow Classmates,—

The immediate object of our endeavors has been attained, and we are about to enter a new era. The days of our pupilage are drawing to a close, and as the sunset of our college days sheds its golden radiance around us, hope sees in its splendors the prophecy of a bright dawning to our professional life. For the past three years we have labored together and earnestly endeavored to fit ourselves for the high responsibilities of our profession. They have been among the happiest years of our lives. While striving to attain the highest eminence in scholarly acquirement that lay in our power, we have ever kept in view those nobler qualifications which go to constitute the perfect man and true woman. Actuated at all times by the noblest elements in our nature, a profound love for humanity and an earnest desire to relieve human suffering, the demands of the profession are great upon us. It demands of us the broadest culture, the noblest purposes, and the highest standard of moral character and excellence. It demands the exercise of self-sacrifice to the interests of others and charity to all mankind. There is no profession which can lay just claim to the proud title of real benefactors of humanity save that of the medical. Examples are not wanting among its followers of the grandest heroism the world has ever seen, and the names of its martyrs stand out on the pages of history as bright and imperishable as stars in the firmament. Such a profession we have entered, and into such an one it is our purpose to put the best efforts of a life-time. Whether success or failure crowns our labors, depends largely upon how well and how securely we have laid the foundation during our college life.

As we are about to bid adieu to old scenes and familiar faces, grown dear by associations, it is fitting that we render a just tribute of gratitude to those who have earnestly endeavored to inculcate in us the true principles of Homœopathic medicine.

Gentlemen of the Faculty,—Your untiring efforts in our behalf, your scholarly attainments, and your gentlemanly conduct have left a lasting imprint upon our memories, and in years

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to come, when thoughts of Alma Mater rise like sweet incense from the buried past, your faces will occupy the choicest places in our memories, and be associated only with happiest thoughts and kindliest feelings.

Finally,—My classmates, let us enter upon the duties of our profession with a proper and correct understanding, so that when the end shall come we will not regret that our lives have been spent in life's noblest service; and may we then have the assurance that many have been made happier from our ministerings.

MEETING OF THE ALUMNI.

During the day of June 30th, many of the departments held special meetings, reunions, etc., and addresses, dinners, class-meetings, etc., etc., were the order of the day. In the evening, the University Senate reception was held, and attended by a mighty throng of people. The alumni of the Homœopathic Medical College met at the Franklin House, and soon after midnight set down to bountifully spread tables. Dr. R. C. Olin, of Detroit, President of the Alumni Association, acted as toast-master. In proposing the first toast of the evening, "Samuel Hahnemann," Dr. Olin stated that he was about to make a departure from the time-honored habit of drinking this toast standing and in silence, and he called upon Dr. S. A. Jones, of Ann Arbor, to reply to the toast.

Dr. Jones, in responding, touchingly referred to the debt of gratitude all owe Hahnemann, and spoke of the lack of reverence, the scepticism and the levelling tendencies of this age, which only too often sadly iuterfere with that thorough respect and homage due to men like Hahnemann. The speaker pointed out the fact that this refusal to honor Hahnemann for the greatness of his achievements is not by any means confined to those who openly oppose him and his teachings, i. e., the old school, but that among those who claim membership in the school which Hahnemann founded, among those who profess to follow his teachings and who acknowledge him as their leader, his name is only too often unhallowed and his teachings despised. The levelling tendency of this age reaches its height in this country, and it is consequently in this country that the lack of

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reverence paid Samuel Hahnemann stands out most conspicuously. But justice will be done all in good time, and the name of Hahnemann will be among the brightest that adorn the history of the race. Dr. Jones pointed out that Hahnemann was indeed one of the most learned men of his day, and referred to Ameke's recently published History of Homœopathy for proof of the important work done by Hahnemann not only in chemistry but in other sciences, and showed that in more than one respect Hahnemann towered high above his fellows. The speaker described at length Hahnemann's honesty, his faithfulness to a fixed conviction, his unwillingness to compromise what he believed truth for the sake of worldly advantages, and, on the other hand, his readiness to maintain in spite of all opposition, and to the bitter end, his exposition of the fallacies then reigning supreme in fashionable medicine. Hahnemann did not hesitate what to do when he had come to distrust the school of that day,—he abandoned it *because* he distrusted it. Dr. Jones then eloquently dwelled upon the efforts of Hahnemann to support himself by making translations, upon the seemingly hopeless struggle against the warfare made upon him by the apothecaries; and upon the poverty, almost starvation, which Hahnemann bravely endured, persistently clinging to his convictions, patiently working at the problem which he was trying to solve. The speaker then discussed at some length the dynamic theory, and insisted that the only true way to deal with it is to submit the teaching of Hahnemann to the test of actual experimentation, honestly recording successes and failures. Dr. Jones expressed the belief that one of the greatest mistakes made in our schools, one of the chief sins of omission committed by the profession, lies in the fact that medical students leave our colleges and are sent into practice without one profound conviction, and thus naturally drift with the popular current.

Other toasts were offered and responded to as follows:

"The growth of Homœopathy in Michigan"—Dr. J. C. Wood, of Ann Arbor.

"The Central Michigan Homœopathic Society"—Dr. J.B. Brown, of Jackson.

"The Class of '86"—Dr. Harold B. Wilson, class of '86.

"Our Lady Graduates"—Dr. Emma E. Bower, of Ann Arbor.

"Our Faculty"—Dr. H. R. Arndt.

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"Our Host and Hostess"—Dr. H. L. Obetz.

At the business meeting of the alumni association, attention was called to the fact that a new, the second, decade in the life of the association will begin with the next annual meeting, and that a special effort must be made to appropriately celebrate the occasion. The following officers were elected: President, Dr. R. C. Olin, of Detroit. Vice-President, Dr. Harold B. Wilson, of Cleveland. Secretary, Dr. Emma E. Bower, of Aun Arbor; Treasurer, Dr. R. C. Rudy, of Ann Arbor.

THE FORTY-SECOND ANNUAL COMMENCEMENT of the University was celebrated on July 1, 1886. The procession formed at 9:30 A. M., Major H. Soule acting as chief marshal. The magnificent hall in the main building, with a seating capacity of some 4,000, was filled with one of the most interesting audiences ever collected to do honor to such an occasion. The stage was occupied by the Regents and the Senate of the University, the orator of the day, and a number of visitors especially prominent in the educational interests of this State. The front seats in the parquet were filled with the candidates for degrees, numbering three hundred and sixty-six, embracing both sexes and many nationalities and races. The space between the stage and the front seats was literally packed with flowers, leaving the impression that the entire State had sent its choicest floral gifts to clothe in beauty the State University.

The services opened with prayer by the President, Dr. James B. Angell, followed with an address by Hon. Cushman K. Davis, of St. Paul, Minn., ex-governor of Minnesota, conferring of degrees, aud benediction. Selections of music were freely interspersed.

The Department of Literature, Science, and the Arts granted degrees as follows: Bachelor of Letters, 5; Bachelor of Science, 25; Bachelor of Philosophy, 13; Bachelor of Arts, 50; Master of Arts, 4; Doctor of Philosophy, 3. The degree of Doctor of Medicine was granted to 100 candidates. The Department of Law gave its degree (Bachelor of Laws) to 116 candidates. The degree of "Pharmaceutical Chemist" was conferred upon 21 candidates, and 29 students of the College of

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Dental Surgery received the degree of Doctor of Dental Surgery.

The following is a list of the gradnates of the

HOMŒOPATHIC MEDICAL COLLEGE.

Lawrence Baldwin,
George Gabriel Caron,
Annie Elizabeth Clark,
Laura Amanda Edwards,
Joseph Johnson Fowler,
George Wirt Hathaway,
Mary Tufts Hathaway,
George Benson Kelso,
Roscoe Dudley Mack,
John Wesley McLachlan,
Isaiah Snyder Morris,
Edward Herman Pond, A. B.,
Hugh B. Reynolds,
Nana Braden Riddell,
Robert Coleman Rudy,
Elizabeth Uncapher,
Harold Beckwith Wilson, B.S.

After the close of the commencement exercises proper, a recess of fifteen minutes was had, when the procession was formed again and, led by the band, proceeded to the rink, in which the commencement dinner was spread. The banquet was elaborate, and speeches were made by prominent alumni and guests present. That the banquet was an affair of considerable magnitude is shown by the fact that some 900 plates were laid.

And thus closed the session of 1885–86.

MEMORANDA.

Dr. E. D. Brooks, (class of '85), for the past year Resident Surgeon to the Homœopathic Hospital, has resumed practice at Flushing, Mich.

R. C. Rudy, M. D., (U. of M., class '86) has received the appointment of Resident Surgeon, Homœopathic Hospital, U. of M., and Assistant to the Chair of Surgery.

Miss Emma E. Bower, M. D.' (U. of M., class '83,) has accepted the position of Assistant to the Chair of Materia Medica and to the chair of Gynæcology, Homœopathic Medical College.

Geo. G. Caron, M. D., (U. of M., class of '86,) has been appointed Assistant to the Chair of Ophthalmology and Otology and to the Chair of Principles and Practice of Medicine, Homœopathic Medical College.

Harold B. Wilson, M. D., (U. of M., class '86,) has located at Cleveland, Ohio.—Mrs. Nana Braden Riddell, (U. of M., '86,) accompanies her husband, Dr. Riddell, to Ft. Scott, Kansas, and opens an office in that thriving town.

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ANNOUNCEMENT

OF

The Independent Medical School

OF

PENNSYLVANIA.

CHARTERED ON THE 8th DAY OF MAY, 1854.

PHILADELPHIA:
KING & BAIRD, PRINTERS, No. 9 SANSOM STREET
1854.

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4 26

ἀλλὰ νῖνον νέον εἰς ἀσκοὺς καινοὺς Βλητέον.

Sed vinum novum in utres novos mitti debet.

Sondern man ſoll Moſt in neue Schläuche faſſen.

But new wine must be put into new bottles.

Ev. Mark, cap. II. v 22.

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ANNOUNCEMENT.

HOMŒOPATHY, in its practical bearing, has freed the Physician from old, inherited, partly erroneous, or entirely false doctrines; it has given him liberty; and shown the way of advancing the healing art. Its great founder, Hahnemann, has taught the world the art of ascertaining the effects of drugs; he has taught the world how to develope the healing power of these drugs; he has, by proving drugs on the healthy, made it possible to apply, with accuracy and skill a principle of cure, known as long as there were Physicians, but only at times crudely applied.

The mind of Physicians, the true friends of the sick, having been delivered from the trammels of old, false, and absurd notions, it now behooves the true disciples of the great Hahnemann, to teach his doctrines, and, in teaching them, to free the student of medicine also from all former absurd, old, and false

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restrictions; to introduce into his education a state of freedom, corresponding with that which Hahnemann has given to the profession in a practical direction.

The frequent requests made by medical students, the desire expressed by the friends of progress for the introduction of the *voluntary system of instruction* in a medical school; the demand which the spirit of progress makes upon the world, induced a number of physicians and their friends to petition the Legislature of Pennsylvania, to grant them a charter which will enable them to accomplish this much desired purpose.

Notwithstanding a strong opposition on the part of the existing medical schools, clinging with desperate tenacity to inherited, absurd and false notions in regard to medical education: denying the free-born citizen of this republic a right which the monarchical and despotic governments of old Europe have granted their academical citizens for centuries,

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on the 8th of May, 1854, the legislature of this State, with a praiseworthy liberality, granted a charter to the applicants for the establishment of the *Independent Medical School of Pennsylvania.*

The corporators having met on the third day of June, and after mature reflection having formed themselves into a body politic, they will adopt such by-laws and regulations as are in accordance with the spirit of their charter, and necessary for the attainment of its objects; and now announce to the profession, to medical students, and to the world, that *The Independent Medical School of Pennsylvania*, located in the City of Philadelphia, will receive medical students; commence lectures on the second Monday of October, 1854; and confer degrees at the end of the session to all such as shall have complied with the regulations of the Institute. The great feature of this Institution is the liberty given to the student of medicine of selecting his own teachers and his own examiners.

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Every graduated physician will be permitted to lecture in the Institute, on whatever subject he may choose, and can obtain such permission by applying to the board of directors. The student will thus be allowed to obtain his information, and conduct his studies, under the direction of such teachers as he may prefer. And after having studied medicine for three years, and attended two courses of lectures in the principal branches of Medical science, Chemistry and other natural sciences, Anatomy, Physiology, Pathology, and Theraputics, Materia Medica, Surgery, and Obstetrics, either in this or in any other medical school, and upon becoming a candidate for examination, he shall, after making application and handing in his Thesis, have the right to choose in the different branches of medical science out of the number of examiners, appointed for that purpose by the Corporation, by the Governor of the state, and other medical schools, such as he may desire, and after having been duly examined, by the Board of Examiners, and given satisfactory evidence of his

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abilities, he shall receive his degree as Doctor of Medicine, signed by his Examiners and the Officers of the Institute.

The advantages which the medical Student obtains in this College are immense. He can pursue his studies, and obtain his knowledge as he may think best, at the same time, that the Institute offers to him all that is necessary, and much more. He is left to his own choice and inclination, particularly in regard to the higher branches of Medical science. He can arrange his plans better and pursue his studies more methodically, so that he shall not be under the necessity of studying during the same four successive months fundamental sciences like Anatomy and Physiology, etc, and also the practical branches, founded on the former, such as Surgery and Midwifery.

Connected with this Institute will be constant clinical instructions in a Dispensary and a Hospital.

A Prospectus containing a list of lectures and other particulars will be issued in time.

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Applications for further information can be made to the committee.

Dr. C. HERING and
Dr. Ad. LIPPE.
Philadelphia P. O., Box 453.

Philadelphia, June 5th, 1854.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.

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EDITORIAL CHAT.

A year, or so, ago, Dr. C. Wesselhoeft, of Boston, upon invitation from the members of the Boylston Medical Society of Harvard Medical School, delivered before them a lecture "On Homœopathy;" in April last, Dr. Vincent Y. Bowditch, in response to a similar invitation, we presume, gave an address before the Hahnemann Society of the Boston University School of Medicine, discussing "Homœopathy as Viewed by a Member of the Massachusetts Medical Society." The lecture of Dr. Wesselhœft has been freely circulated, and is familiar to all; the address of Dr. Bowditch was published in the Boston Medical and Surgical Journal, of June 24th and 30th, 1886, and now appears in the form of a reprint from this publication.

A careful and honest review of the teaching, and a fair criticism upon the attitude, of our school, coming from one who holds a prominent position in the ranks of the dominant school, is something of a curiosity. The address of this Boston physician is fair and unexceptionable in tone, and on this account alone would deserve attention, even if not delivered under circumstances which attach to it a more than passing interest.

It appears that the above two lectures are based upon series of questions propounded to the speaker by the audience; the answers furnished by Dr. Bowditch to the list of questions given him afford to the homœopathic fraternity so excellent an opportunity to "see ourselves as others see us" that a brief analysis of the address may prove of interest to the reader.

QUESTION I.: "*What are the conditions under which it would be possible to construct a positive science of medicine?*

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ANSWER: Until we become possessed of supernatural powers, I maintain that the construction of a positive science of medicine is an absolute impossibility. The endeavor to improve upon our present knowledge of medicine is based upon the natural desire to strive "for our ideal, however unattainable it may seem to our human minds," and to do "our part, however slight, in the moral and intellectual progress of the world."

COMMENTS: From times immemorial eminent writers have on divers occasions expressed the belief that certain pathological conditions may be, and must be, cured by remedies exhibited under a certain "law,"—the law of the similars. Hahnemann positively maintained that very many diseases—in fact, all diseases save those of mechanical origin, or coming within the exceptions to the general rule by him furnished,—are always cured quickly and safely under the law of the similars. Very many intelligent and educated physicians are favorably impressed with the arguments made by Hahnemann, and those who have faithfully tried this "law," whether as physicians or patients, most sincerely believe in its general applicability and correctness. The number of these converts has been, and is, constantly increasing, and, in the main, these converts are both intelligent and honest in their conviction. Furthermore, the authorities of the dominant school, after severely criticising each point of teaching and each phase of practice peculiar to homœopaths, have practically conceded the soundness of many of the most important points, teaching, for instance, the employment of the single remedy in exceedingly small doses, against the polypharmacy and the monstrous doses of fifty years ago, to say nothing of the large number of remedies prescribed by members of the old school of medicine for morbid conditions to which they hold a closely homœopathic, and no other, relation. In view of these facts, and in consideration of the comparative and freely admitted failure of the dominant school to give to the world a "science of medicine," would it not be well to remember the improbability that the Allfather who has established "law" for the government of all things, and who has provided systematically and in an *orderly* manner for our wants, would fail to similarly provide for our most pressing needs in sickness, leaving us there, and there alone, without a rule by the operation

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of which to alleviate, if not to cure, our direst distress? Or, if this plea be inadmissable, since the dominant school have so grievously failed in their endeavor to give us a *science* of medicine, although preaching and practicing empiricism from the very earliest dawn of civilization, would it not be wise to take a new departure, to place less dependence upon pure empiricism, and as a united body, as a united profession, give a few century's honest trial to the teaching of that school of therapeutics which in therapeutics has accomplished enough to bring about a decided change for the better in the practice of medicine, as opposed to mechanical medicine, and which, in spite of all, has accumulated a sufficient wealth of valuable therapeutics so that the few crumbs appropriated by Ringer, Brunton and Co. have actually placed them in the front rank of old-school practitioners.

QUESTION II,: "*What would your school do in a case where the symptoms were so varied that it was impossible to make a diagnosis?*"

ANSWER: "At the outset, we should inquire into the condition of the various functions of the body, and, if not acting as they should, our treatment would first be directed towards restoring them to their normal condition, if possible. Having accomplished this, and yet finding no cessation, nor even amelioration, of the morbid symptoms, our only resource would be to *wait*, while watching the case carefully for the advent of symptoms which would assist us in our diagnosis. At the same time, we might be, and frequently are, obliged to treat the case symptomatically, by which I do not mean that each and every symptom should be attacked, as it were, by a different remedy, but that certain symptoms which seem to threaten the safety of the patient should be alleviated as far as possible by whatever means seems best to us."

COMMENTS: Is not the very necessity of "waiting" and "watching the case carefully for the advent of symptoms which would assist us in our diagnosis" fraught with an immense amount of danger to the patient? Suppose, the much-looked-for symptoms do not come, or if they come, come so late that the patient is dead by the time the diagnosis is made? What

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"good" are they, save as they make the certificate of death somewhat more scientific? And what guarantee is there that by the time "certain symptoms which seem to threaten the safety of the patient" are alleviated or controlled, others will not break out, doubly violent and dangerous, and equally, or even more, unmanageable? Would there not be great danger of the continuous progress of the essential morbid process, silently, rapidly, and without hindrance destroying life itself, while the trusted physician is anxiously awaiting the opportunity of making a diagnosis, with really no further assurance than this, that the diagnosis once made, he expects to follow more or less blindly a line of treatment which, he is persuaded, has proved successful in the hands of others managing a case presenting similar features (i. e., justifying a similar diagnosis). The entire method of procedure is complicated with so many "ifs" and "ands," with so much waiting for further developments at a time when every moment's delay becomes a serious consideration, and is so wholly unsatisfactory when compared with the precise and uniform measures indicated by the Hahnemannian method of studying the case, that it leaves "scientific medicine" in an attitude by no means tempting to the practitioner who has become accustomed to deal with disease in a direct and peremptory manner.

QUESTION III.: "*What are the arguments in favor of Polypharmacy by your school?*"

ANSWER: "We (i. e. the dominant school), are drifting towards the use of the single remedy, and the younger physicians look with amusement, not unmixed with horror, at the compounds which were poured down the poor sufferer's throats, while they wonder, indeed, that the mortality list was not even greater than recorded.' It must be recognized, however, that there is a 'synergistic' action of some 'drugs upon another, that is to say, the power which one drug has of increasing the action of another; for instance, alcohol increases the hypnotic effect of morphine, ipecac. increases the sudorific action of opium, and the combination of bromide of sodium or potassium with chloral will often accomplish what is wished for, in smaller doses, too, than when either drug is used alone.'"

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COMMENTS: To admit what is really self-evident, the general tendency toward the single remedy, is to plead guilty to the charge that the opposition made to this particular phase of Hahnemann's teaching was utterly groundless, and that here at least Hahnemann's judgment was infinitely better than that of the great body of the medical profession at his day and of later times. To compare the comments made by the majority of writers upon the extreme folly of expecting any results whatever from a single remedy in fractional doses of medicine or upon the criminality of staking a human life upon such small amounts of simple drug-matter as were, and are now, used by homœopathic physicians—to compare these comments with the teaching of many prominent therapeutists of this day, cannot but furnish food for much thought. It is actually amusing to witness the feeling of self-satisfaction with which old-school physicians refer to the new forms of prescribing, the single remedy, often given in fractions of a grain or a drop of the mother-tincture, never failing to express surprise that the forefathers were wedded to the nauseous compound and the frightfully large dose. How many of these gentlemen have sufficient honesty to admit that this change for the better is VERY largely due to the work and example of Hahnemann and his followers? How many of them are sufficiently thoughtful to remember that the teaching and practice of Hahnemann on other points, as well as on this, promises to be not far from the truth? How many of them dare deny the claim that a very, very large share of ALL the advances made during the past fifty years in practical therapeutics is more or less the result of work done by the homœopaths?

And as to Bartholow's synergistic action of drugs, when carried into practical therapeutics and made the basis of a "formula," is there not after all a pretty close resemblance to the "adjuvans, the corrigens, etc.," of former days? Do not Hahnemann's carefully specified objections to compound prescriptions (it matters little upon what basis or for what purpose the "compounding" is done) hold quite as good at this day as they did fifty, or more, years ago? Does not the chief difference between Bartholow's "synergistic action" of a drug, and its practical application to practice, and the "adjuvans" of older writers

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depend very largely upon a different way of "putting" the same thing?

QUESTION IV.: "*In accordance with what principle does the 'old school' physician prescribe, and on what basis does he maintain that these principles are correct?*"

ANSWER: "No physician of the regular, or 'old school' is taught to practice by any set maxim, rule or principle, unless indeed to be said that to use the experience of others and ourselves, combined with as much common sense as it is our good fortune to possess, *is* a principle." "It is perhaps a discouraging and rather sad thought that in medical practice there is so much groping in the dark and so much skepticism as to the efficacy of our methods of treatment in many cases. Happy those who are always convinced of the useful power of their drugs and indulge themselves in the *post hoc propter hoc* argument, in the face of the more skeptical who say 'could not this favorable result have occurred had nature been left to herself?' —The regular physician feels that he must rely largely upon the judgment and experience of those who, by their eminence in the profession to which they have devoted their lives and energies, have become immortalized; at the same time, by using his own powers of observation, endeavoring to avoid the dangers of blindly following the beaten track."

COMMENTS: To the faithful and intelligent homœopathic physician it seems difficult to imagine how any person can be induced by honorable motives to practice medicine without an abiding faith in the efficacy of a carefully and properly selected remedy. To be called to the bed-side of a poor suffering mortal, and to administer remedies again and again without a strong faith in their usefulness, seems indeed a sad piece of business. So well known and so universal is this lack of faith in therapeutic measures, on part of the old school, and so firm is the confidence of the homœopathic practitioner in the power of his remedies to cure anything that *can* be cured, that a living writer has justly spoken of it as the distinctive feature of the schools. Is it unreasonable to draw the conclusion that both parties have excellent cause for feeling as they do? Is it unfair to maintain that the "old-school" *could* not have this lack of faith in the

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curative value of their drugs had not these same drugs, in *their* hands, proved themselves worse than useless? Is it unreasonable to maintain, on the other hand, that homœopathic practitioners as a class would not possess this great and peculiar faith in the efficacy of remedies, had not those remedies almost always accomplished the task set for them? Or do *all* homœopaths indulge themselves in the *post hoc propter hoc* argument? And again, freely admitting that those men of eminence in the profession exert a marked influence upon their colleagues,—and happily so,—is not the value of empiricism largely overestimated? Is not the empirical practice very much less safe than we generally admit? Was Hahnemann so very unreasonable when he denounced empiricism in tolerably vigorous terms? It certainly cannot be denied that empiricism is a very crude, very broad, very clumsy generalization of presumed facts, resulting in pretty loose and unreliable deductions, as a matter of convenience called rules of practice. A certain remedy in the hands of an eminent man has presumably cured A., B., C., D., etc., of pleuritis; ergo, it is undoubtedly a good remedy in pleuritis. W., or V., or X. is taken with pleuritis; ergo, the *intelligent scientific* physician administers the drug which has proved so useful to A., B., C., D., etc.—Very scientific practice, even though as a "working principle" it is more likely to prove a failure than a succcess." And how utterly foolish to overlook the remarkable difference in the manifestation of this peculiar morbid process, assuming the general expression of a pleuritis, in different persons, depending upon peculiarities of temperament, inherited bias, the nature of the surroundings, etc., etc., and thus to ignore the necessity of carefully individualizing each case. Who can imagine the number of homes made utterly desolate by such oversight when otherwise they might be full of warmth and happiness! Thank God, the matter of *individualizing* is another lesson our "scientific" colleagues are getting ready to learn.

And then, suppose for a moment that some new type of disease occurs as yet not studied by one of the "immortal" men in the profession? Can the poor sick one postpone his troubles until this little matter has been arranged to the satisfaction of all parties? *How incomparably great the privilege*

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of being able to select the remedy with promptness and accuracy even if the diagnosis cannot be made out at once or if we have not the record of a great man's experience with the same disease.

OBSTETRICS, GYNÆCOLOGY AND PÆDOLOGY.

ALEXANDER'S OPERATION.

In the July 3d number of the *Medical Record*, Dr. Wm. M. Polk reports fifteen cases of Alexander's operation, so-called, which occurred in Bellevue Hospital. Dr. Polk first refers to the ability of the round ligaments to withstand traction, and cites the observations made upon this point by his colleague, Prof. Weight. Dr. Polk removed the outer two inches of both ligaments, and it was these portions of the structures upon which the experiments were made by attaching weights to them. A five-pound weight was necessary to rupture one of them, the other breaking at four and three-quarters. It should be remembered that the portions tested are the weakest part of the ligaments, and their elasticity is shown from the fact that before the tearing occurred they had stretched "to about twice their normal length, though not until the weight had reached two and three-quarter pounds with one and three pounds with the other." This fact is cited to show the perfect ease with which the round ligaments can antevert the uterus, providing that they can be made taut. Dr. P. then says: "It has been my good fortune to examine and note the position of the uterus, round ligaments, and folds of the broad ligaments in a case which had been operated upon some ten months before, by actually placing my fingers directly upon the parts. It was a case in which the uterus had been held down by a fibroid tumor upon the posterior aspect. The ligaments had been shortened and the uterus, with its fibroma, was lifted forward and upward, so that the fundus was in the plain of the superior straight. But relief had not been obtained, and the patient, who at the time of Alexander's operation had refused to have Hegar's operation done (removal of the ovaries), now consented to this latter procedure. This offered me an excellent opportunity to

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observe how far the uterus had maintained its position, as also the condition of affairs about the broad ligaments. The uterus was found to have remained in the position gained for it in the original operation, and the upper border of the broad ligament was spread out like a web, between the round ligament in front, which was moderately taut, and the line occupied by the tube and the infundibulo-pelvic ligament behind, which was also taut. There was no thickening or other pathological conditions of these structures. This action upon the upper border of the broad ligament, spreading it out, is what one would naturally expect, and is in miniature what happens as the uterus, rising in pregnancy, makes taut these same anterior and posterior lines. It was of interest, likewise, to note that the ovaries and tubes were lifted well up, but otherwise were unchanged."

P. then goes on to demonstrate that in traction of the round ligaments the force is exerted in such a manner as to completely overcome any backward or downward dislocation of the uterus, the organ being lifted upward and forward until the fundus is placed immediately behind the symphysis pubis, where it will stop. When the traction is exerted upon one ligament only, a lateral dislocation is produced, the fundus resting upon the pelvic brim, near the pectineal eminence. P. has verified these assertions on both dead and living bodies.

Although, according to this operator, there is much difficulty in the cadaver in drawing the ligaments out of the inguinal canal, there is not the least trouble in drawing them out in the living subject. The difference is to be accounted for in the *rigor mortis*.

The effect of the operation upon pregnancy is as yet undetermined. Dr. Alexander has reported two cases where pregnancy progressed normally to full term without any untoward symptoms. In one of P's. cases pregnancy had taken place though the patient has as yet only completed the sixth month of gestation and it is, therefore, too early to say definitely what the outcome may be. Lusk does not fear its effect upon utero-gestation though Dr. H. J. Bolt regards this as a very important question. In none of P's. cases were the functions of the bladder in the least interfered with.

Of the fifteen cases, the operation was performed in four for

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retroflexion; in six for retroversion; in one for retroversion with prolapsed ovaries; in one for prolapsed ovaries without any uterine displacement; and in three for prolapse of the uterus.

The success in all of these cases was eminently satisfactory with the exception of two; in these there were adhesions holding the uterus down and it is P's. opinion that so long as the uterus can not be easily placed in the normal position by the sound, it stands outside the domain of Alexander's operation. His only hope for success where adhesions exist is the abdominal section, breaking up the adhesions, and, if the tubes are also diseased, removing them at the same sêance.

Dr. P. says: "Prolapsus uteri is the joint result of rupture of the perineal structure, and stretching of the uterine ligamentous supports. These supports are chiefly the utero-sacral basic lines of the broad ligaments. The principal perineal support is the pubo-coccygeal division of the levator ani, or, as I think it better named, the pubo-perineal division, *enclosed between its layers of fascia.*" The difficulty of restoring the severed ends of the perineal muscles, according to the method of Emmet or any other operator, can only be appreciated by those who have operated. P. dwells upon this point and is of the opinion that aid can be obtained in no other way except from the round ligaments. He says: "It would appear that the prolapse of the uterus is preceded by a backward displacement of it, and there is much reason for believing that if the organ can be kept not only anteverted, but well forward in the pelvis, it will escape the full force of the intra-abdominal pressure and thus avoid prolapse; and again, when prolapse has already taken place it is natural to suppose that the relaxed ligamentous supports will the more readily regain their normal dimensions and strength if they can be reinforced by some other suspending support. Now, by this operation we not only antevert the uterus, but draw it well up and forward, thus giving its ligaments the reinforcement suggested, and if, in addition, we do what is possible toward the restoration of the pelvic floor, we then will have given the case the best, and, to my mind, the most rational treatment yet devised."

P. insists that as much care should be exercised in the

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operation as in ovariotomy, the preparatory treatment and antiseptic precautions being the same. After these precautions are observed and the mons veneris shaved, the operator proceeds as follows: "The first objective point is the tendon of the external oblique muscle—for in that lies the external inguinal ring. Having reached it, place a finger on the pubic spine, and slide it upward and outward, about half an inch, when the depression of the ring will be felt. Next clear away all the fat and connective tissue which covers the tendon of the oblique muscle about the ring. In this way it is readily exposed. As you watch it now you will see a mass of fat and vessels, and some times the reddish fibres of the round ligament protruding, and rising and falling with the respiratory movements. This mass should now be seized and drawn out; in a moment the round ligament will come into view; then it should be grasped with the forceps and isolated, continuing the traction it will slide from the ring. If you have mistaken a portion of the tendon of the muscles you can easily determine the question by running the finger outward along the muscle, for as you make traction you will feel the tendon as a taut line extending outward above Poupart's ligament. Traction on the round ligament will give no such line. Should you find it necessary to enter the canal in search of the ligament, in view of the important structures which will be approached, the dissection should be carefully made upon a director.

"As soon as one ligament has been isolated, the other should be sought for and isolated in the same manner. The uterus should now be placed in the normal position, unless the case be one of prolapse of the uterus; then it should be placed as far up and forward as is compatible with safe pressure. The ligaments are now made moderately taut and stitched to the anterior face of the pubic bones with fine silk sutures, the loose ends of the round ligaments then being cut away; should the ring gape, it may be necessary to stitch its columns together. The uterus is now elevated for two or three days by aseptic cotton tampons in the vagina."

P. closes his article with the following words: "Increased experience with the procedure convinces me that it is not a difficult operation, that it is a safe one, and more than all, that it

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is a valuable addition to the measures of relief which we have to offer to quite a number of weary sufferers."

What practitioner has not time and time again been baffled by the very cases which this operation, in its perfected state, promises to relieve. Although P's. additional fifteen cases are a valuable acquisition to those already recorded, yet the total number does not give us sufficient data from which to make reliable deductions. All operators are, however, pretty much in unison upon this one point, namely, that the operation is contraindicated when the uterus is bound down by inflammatory adhesions. It occurs to the writer that even in these cases much might be done by a systematic course of uterine and ligamentous massage, i. e., by gently elevating the uterus and crowding it forward at regular intervals, aiding the absorption of the inflammatory bands by the hot douche, glycerine tampon and homœopathic remedy. It is surprising what can be accomplished by patiently persevering in this course of treatment where there are any evidences or traces of inflammation. At least it would seem advisable to make this effort before opening the abdomen as suggested by P. Munde has reported four cases performed by him, and Parish one, but both of these operators speak of it with much more circumspection than does P. The operation was first performed in 1881, by Dr. Wm. Alexander, of Liverpool. It can not possibly remedy a cystocele or a rectocele, nor can it take the place of an operation upon the perinæum, any more than these operations can remedy a retro-displacement of the uterus. In another class of cases, however, heretofore considered incurable, the operation promises much.

J. C. W.

OVARIAN CYST.

CASE.—Mrs. H. W., aged 36 years. Farmer's wife. Mother of one living child about 9 years old.

History—About May, 1885, while moving and lifting on furniture, thought she strained herself in the right groin, and after that had some pain and uneasiness in that region.

In June following, she had quite a profuse menorrhagia, an unusual occurrence with her, and these flowing-spells were repeated three or four times, at about the time of the regular

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menstrual periods. She also noticed during the summer that she was enlarging, and thought herself pregnant.

She called the family physician, who, upon examination, pronounced the enlargement due to a gravid uterus, and continued, I believe, to think so until about the time for the expected confinement.

The patient described the enlargement as taking place as regularly and progressively as if it had really been due to gestation.

The fulness, so far as she could tell, began directly in front, and created no suspicion of anything except pregnancy.

Some six or seven months after the abdominal enlargement began, the breasts also enlarged, and contained a milky secretion; this dissappeared, however, soon after it made its appearance.

Her condition continued in about this way up to the time of the expected labor, when it was discovered that, instead of a fœtus, there was fluid in the abdomen. After this discovery was made, she was tapped in the linea alba, about two inches below the navel, with the trochar, and a large quantity of fluid drawn off. In a month or six weeks she had refilled, when the tapping was repeated. She was again tapped, the last time about April 15th. After this, she was brought to Jackson and placed under my care.

The history, as given above, I obtained from the patient and her husband. I was also told that two or three physicians had counselled with her regular attendant, one of whom diagnosticated ovarian tumor, and urged her to go to Ann Arbor for an operation; but she declined doing so, preferring death to an operation.

My first call on her was made May 24th. I found her with a very large abdomen; she was sitting up in a chair. She said that she was in the habit of vomiting quite a considerable. Had been addicted to morphine more or less most of the time for nearly a year, it having been prescribed in the start by her doctor. Sometimes she would help herself to the drug, and at others her friends would prepare it for her.

After making a thorough examination of her case, I prescribed Apis 3ˣ, a dose once in two or three hours. I gave her

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this remedy most of the time up to the day but one before the operation. The vomiting ceased after taking Apis, the urine increased in quantity, and the patient expressed herself as feeling much better.

From May 24th to June 8th I watched her case closely, and had my diagnosis of ovarian cyst confirmed by two or three other physicians.

For three or four days previous to the operation, the enlargement seemed to increase rapidly.

June 8th, with the assistance of Drs. Markham and Slenon of this city, and Dr. Bartlett, of Leslie, I proceded to operate for the removal of the cyst.

The patient was given Aconite for two days before the operation, and dieted on light materials. The bowels being regular, and in good condition, no attention was paid to them except to evacuate the rectum thoroughly. All the anti-septic precautions were observed, except the spray. The pubes were shaved the day before, and the abdomen well washed. General warm baths had been practiced for several nights.

After the patient was on the operating table and under the influence of ether, the abdomen was sponged with carbolated water, and an opening made in the median line above the pubes about three inches in length. After reacbing what I supposed to be the sac of the cyst, I used a hypodermic syringe for exploration, and found the cyst wall so thin that the puncture made by the needle of the syringe was rapidly enlarged to the size of the finger, the contents escaping with corresponding rapidity. There was no danger of any fluid from the sac or the abdominal wound escaping into the cavity of the peritoneum at this stage of the operation on account of the extent of the adhesion.

After enough of the fluid had escaped from the sac to allow its being handled, a Spencer Well's trochar was introduced, and more of the fluid drained off into the tub. Only a comparatively small quantity could be drawn off with the trochar, on account of its consistency; neither did this seem of particular consequence on account of the extensive adhesion before mentioned. The opening in the abdominal parietes was now enlarged to six inches in length, the patient turned on the

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side, the hand introduced into the sac, and large amounts of pus, gelatinous matter, etc., turned out. One main cyst contained about half the contents of the tumor; numerous smaller cysts existed, from the size of a child's head down. They were all filled with this gelatinous matter and fluid; only the largest contained pus.

The large cyst was adherent almost throughout to the abdominal walls. There was, I think, some free surface on the left side. There were no adhesions to the intestines, nor to any other viscera, except slightly to the omentum. It was a very tedious process to detach the sac wall from the peritonium, and there was a large bleeding surface left behind which had to be touched with Monsel's solution.

The cyst grew from the left ovary by a small pedicle. Three carbolized silk ligatures were applied and the sac detached. The abdominal cavity was cleansed as thoroughly as possible, Thomas' glass drainage tube introduced at the lower angle of the wound, and the wound in the abdomen closed by six wire sutures and about as many superficial carbolized silk sutures; adhesive straps were placed in such a way as to cover all the sutures. Covering, a pad of absorbent cotton and the roller bandage were applied.

From the time the patient was placed on the operating table until she was again put back to bed, about four hours elapsed. At one time, especially, toward the last of the operation, we thought the patient dead, but by performing artificial respiration, the hypodermic use of ether, etc., she rallied. The cysts and contents were found to weigh about 45 pounds.

The patient was put to bed at about 5:30 P. M. At 9 P. M. she had reacted well and called for morphine, of which she received one-quarter of a grain every six to nine hours as long as she lived.

Tuesday, June 8th, 9 P. M. Pulse 120; Temp. 101; Resp. 30. The patient began to vomit about midnight, and followed it up quite constantly for 24 hours, being unable to keep down much of anything during that time. I think the remedy that influenced the vomiting most was Kreasot 2*. Small lumps of ice were given to swallow. After about 24 hours she ceased to vomit, and took considerable broth and other light diet.

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Wednesday, 7 A. M., P. 128; T. 101⅞; R. 22. 10 P. M., P. 146; T. 103¾.

Thursday, 6 A M., P. 158; T. 103¾; R. 21. 10 A. M., P. 146; T. 102⅝. 4 P. M., P. 140; T. 102¼. 10 P. M., P. 132; T. 101⅞.

Friday, 8 A. M., P. 130; T. 101⅝; R. 19. 9 P. M., P. 136; T. 101.

Saturday, 8 A. M., P. 128; T. 102¼. 10 P. M., P. 140; T. 101.

Sunday, 10 A. M., P. 143; T. 100¾. 9 P. M., P. 160; T. 101.

Died Monday, 6 A. M.

About 24 hours after the operation, I carefully syringed out the abdominal cavity, through the retained glass tube, repeating this operation every 12 hours. I used a good full pint of blood-warm water, filtered through close clean cloth, containing a teaspoonful of salt, and carbolic acid enough to cause the solution to taste quite strongly of it. At the first syringing the solution returned strongly tinged with blood; at the second, this was much less so; after that, only slightly so, and finally, only a little uncolored débris returned with the water. After the last two or three times, what appeared to be flakes of pus came away. There was a remarkable absence of all odor; and it could scarcely be told, by the odor from the patient or surroundings, that there was a wound to deal with.

I do not report this case because I consider it an extraordinary one; yet, there are about it some points rather unique. It certainly was a tumor of very rapid growth, only a year having elapsed from its inception to the termination. According to the condition of the anterior wall of the sac, as found by me, it must have been about ready to rupture, and it probably would have done so in a very few days longer, considering the rapidity with which the enlargement was going on for the last few days. I cannot believe that her life was shortened by the operation, and, of course, there was no chance whatever for her without it.

I should have stated that the bowels remained perfectly quiet throughout, except the occasional escape of gas. No particular tenderness developed over the abdomen. The patient said she suffered less pain after the operation than she did for days before the tappings. The bladder, after the the operation, was emptied with the catheter.

J. F. BROWN, M. D., Jackson, Mich.

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MISCELLANY.

THE TEST FOR ALBUMIN IN THE URINE.

GENTLEMEN: I shall to-day fulfill a promise, made some time ago, to devote a lecture to a consideration of the tests for albuminuria, with especial reference to certain more delicate tests recently proposed.

To begin, I shall first show you the ordinary heat test for albumin in a specimen of urine which contains a considerable quantity. It is a property of albumin to be thrown down by heat, provided the form in which it is present is neither acid albumin nor alkali albumin, which are respectively combinations of albumin with a small amount of acid and alkali. In this urine a precipitate follows the application of heat. As most of you know, phosphates are also thrown down by heat in a neutral or alkaline urine, but they are redissolved by a small quantity of any acid. Such addition does not, however, in this instance cause solution of the precipitate, and it is therefore albumin. A possible source of acid albumin is this—if it should happen that there is the least quantity of acid in the test tube to which albuminous urine is added, a combination takes place, and acid albumin is produced which is not precipitated by heat. While heat does not throw down acid albumin, nitric acid always does; and if the test is applied in the way which I shall show you, it is not likely that any significant amount will be overlooked.

Now let me show you the defect of the ordinary method of testing. This urine is alkaline in reaction, and although it may contain considerable albumin, there will be no precipitate on the application of heat, for albumin is not precipitated from an alkaline solution unless there be a large amount present. I apply heat to this specimen of alkaline urine, and, as you see, there is no change in its transparency. I add a few drops of acid, and still there is no precipitate. We have, therefore, again a urine which is albuminous, but in which the application of heat and acid fails to show the presence of albumin. Let us not, however, conclude too hastily against the delicacy of the test. The quantity of albumin in a given specimen may be so small as to give no immediate response to heat and acid,

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when by waiting a little while the evidence will be plain. The quantity may be so small, and the little flakes which are precipitated so fine, that they do not appreciably affect the transparency of the urine, and cannot, therefore, be at once recognized by the naked eye, but if time be allowed for the flakes to aggregate and fall to the bottom, they can be recognized in mass. In testing for such small quantities of albumin, it is essential that the urine should be perfectly clear. Under ordinary circumstances, it will filter clear through one paper, or, if not then clear, the process may be repeated. But sometimes you find a urine which will not filter clear when thus treated. Under such circumstances, liquor potassæ or liquor sodæ may be added, the urine warmed and then filtered. The phosphates are thus precipitated in such shape that they can now be filtered out, and bacteria, which also contribute to the diminished transparency, are removed at the same time. If a perfectly clear urine, treated with heat and acid and set aside for six hours, is still perfectly clear, we may conclude that there is no albumin in it. But if a precipitate is found, does is necessarily follow that it is albumin? Not necessarily. It may be one of three things; nitrate of urea, which may be precipitated from a highly concentrated urine, acid urates, or albumin. But if the precipitate consists of nitrate of urea or acid urates, it will be redissolved on the application of heat. If it is albumin, on the other hand, the little flakes will again be diffused throughout the liquid, but they will not be dissolved. Used in this way, the test with heat and acid is much more delicate than is ordinarily supposed. This specimen of urine which we have just tried, and which, immediately after the application of the heat and acid, was perfectly clear, is even now less transparent than it was a few minutes ago.

Another well-known test for albumin, which is sufficiently delicate for ordinary purposes, and oue which is very useful in association with the heat acid test, is pure nitrate acid by Heller's or the contact method. Although this is commonly believed to be a very delicate test for albumin, it is not nearly as delicate as the heat and acid test. When used in connection with this test, it serves as an excellent control test for such albumins as, although present in large amount, escape the heat and acid

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tests on account of their combination with an acid or alkali. In applying this as well as the other contact tests for albumin, a short and narrow tube should be selected. If the tube is large, it takes longer to put in a sufficient quantity of urine, and if it is long, the urine which is poured upon the acid acquires a momentum which causes it to bury itself in the acid. I place a convenient quantity of acid in the bottom, and carefully pour upon it a portion of the specimen of urine containing a small quantity of albumin, the presence of which was not immediately apparent by boiling and subsequent acidulation. There can now be seen at the junction of the two liquids a white line, which is precipitated albumin.

Are there any sources of error to be guarded against in using this test? There is at least one, based upon the fact when a urine is highly charged with acid urates, these will be precipitated when nitric acid is overlaid with it. This precipitate is, however, easily distinguished from that due to albumin. The latter remains sharply defined between the urine above and the acid beneath, while the former rises in the course of a minute or two above the contact line. Again, the acid urates are also readily dissipated by a gentle heat applied at the line of junction. More recently I have used almost exclusively instead of the nitric acid another reagent which is at least as delicate and more pleasant to manipulate. I refer to the acid salt or acid "brine" solution suggested by Dr. Roberts, of Manchester. This consists of a saturated solution of common salt to which five per cent. of hydrochloric has been added, and the whole filtered. Using some of the same urine, I first poured into the test tube some of the acid brine solution, and overlay it with urine, and again you see a perfectly distinct white line. This test is valuable in association with the heat and acid test for the same purposes as the pure acid test. *Neither it nor the acid detect as small quantities of albumin as the heat and acid combined.*

During the past two years a number of new tests have been introduced, or rather a number of old tests have been revived, by which much smaller quantities of albumin can be detected. Among them are the following:—

Picric acid, the double salt of the potassio-iodide of mer-

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cury, picric acid with citric acid, sodium tungstate and citric acid, ferrocyanide of potassium.

As the last is the least delicate of these tests I shall first speak of it. It is more delicate than the acid brine or the pure acid test, but not so delicate as the heat and acid tests used as I have suggested. It is applied by the contact method. It has this advantage over the other tests of this class, that it does not precipitate peptones. It does, however, according to Dr. Johnson, precipitate mucin.

One of the most delicate of these tests is picric acid. A saturated solution is employed, but as picric acid is very light, it is not always easy to use the contactmethod; sometimes the picric solution will be lighter than the urine to be tested, while at other times it will be heavier. In order to most easily employ the overlaying method, it is essential that one of the liquids employed should be decidedly heavier than the other. The difficulty referred to is experienced in testing this sample of urine. The picric acid is of about the same specific gravity as the urine, and diffuses itself rather rapidly through it, but at the same time we notice a distinct white line indicating the presence of albumin. This difficulty is readily obviated by an expedient which certainly does not diminish the delicacy of the test, while it is held by some that it increases it, and that is the addition of citric acid to the picric acid solution. This solution is prepared by adding to one ouuce of a saturated solution of picric acid two drachms of a saturated solution of citric acid. This makes the test fluid heavier than any albuminous urine is likely to be. Placing some of the solution in the test tube, I pour on it the urine, at the opposite side of the tube to that on which I poured the picric acid. This is done because the small quantity of picric solution adhering to the side of the tube gives the urine an intense yellow, which is not desirable. We again have the white line, which is as distinct, if not more so, as that obtained by using pure picric acid.*

* The disadvantage of the combined citric and picric acid solution exists in the fact that mucin is precipitated by citric acid; but the same is true of acetic and nitric acids, and as the result of a large experience, I am forced to conclude that no mistake can result from the delicate haze of diminished transparency thus produced.

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There are certain disadvantages of the picric acid with or without the citric. One of these is that the color of the urine sometimes so closely approaches that of the picric acid that there is some difficulty in determining the line where the two join. This is, however, not a very serious objection. A more serious one is that quinine and the vegetable alkaloids generally are similarly precipitated, and as the former at least is often administered in such quantity as to appear in the urine, the white line thus produced may be mistaken for albumin. Peptones are sometimes found in the urine, and these are also precipitated by picric acid. Alkaloids and peptones thus precipitated are promptly dissolved by the application of heat. Finally, the acid urates are precipitated by picric acid as they are by nitrate acid, but these, again, are redissolved by a moderate degree of heat.

The next test to which I shall refer is the potassio-iodide of mercury, which, if properly prepared, is about as delicate as the picric acid test. This test, which was discovered by Mr. Charles Tanret, a French Chemist, consists of bichloride of mercury, 3.32 grammes; acetic acid, 20 cubic centimeters, and distilled water enough to make 100 c. c. The double iodide of mercury and potassium solution is perfectly colorless and transparent, and is used in the same manner as the picric acid. It is subject to the same objections as precipitating peptones, alkaloids and urates, also mucin, which is not precipitated by pure picric acid. It has the advantage of being colorless, and heavier than most urines. The sodium tungstate test consists of a saturated solution of sodium tungstate and citric acid. This solution does not precipitate the alkaloids, althoug it does throw down peptones and mucin.

There is no doubt but that, in the most delicate of these solutions, we have tests which will show quantities of albumin so small that they cannot be recognized in any other way. Picric acid and the mercuric iodide are the most delicate. But the sources of error which have been named make it necessary that they should be used with the utmost precaution. None of the objections named apply to the heat and acid test, which, when used in the manner indicated, is extremely delicate—quite sufficiently so for practical purposes. For the present, we may re-

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gard the others as practically most useful for proving and confirming the results by heat and nitric acid.—A lecture by Prof. James Tyson, before Philad. Hospital. (*From the Polyclinic.*)

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.

[CONTINUED.]

Our representatives in Baden who were closely associated with that triangle of cities which is formed by Leipzig, Coethen and Naumburg and who, without the knowledge of Griesselich, were offering a determined opposition to the medical council were Hofrath Dr. Kramer, formerly physician to the Grand Duke Carl, Hofrath Dr. Siegl, at Bruchsal, the veteran among the homœopaths in Baden, and above all, Staatsrath von Stegeman. Their efforts were crowned with most signal success; the entire reigning family became converts to homœopathy, and in 1833 the Grand Duke dismissed his apothecary.

In Prussia, especially in Berlin, the question of free dispensing of drugs loomed into great importance. The exceedingly genial Sheler was its chief advocate; he was joined by Horn and five other followers; so far as the entire territory is concerned, we find in addition to the well-known champions Roehl (who held a wager of a thousand dollars open to every allœopath), Kraft, Gerber, Thorer, Mueller, Fielitz, and the court-physician Aegidi at Duesseldorf.

In Hessen the agitation was kept up by Hofrath Rau and Dr. Kieselbach, and in 1833 the effect of their work shows itself in the legislative proceedings.

We have already mentioned that in Austria, including her various smaller states, our friends presented a solid phalanx, in which the military medical officers were fully represented. Drs. Schaller and Loevy labored for the common good in Prague; in Vienna we find Marenzeller, Lichtenfels, Schmit, Hofrath von Recher, Loewe, Wrecha, Menz, Lederer, Schaefer, Guentzel, and Veith; in Bruenn, Gerstel; in Salsburg, Counselor Dr. Hartung; in Hungaria: Bakody, in Raab; Balogh, in Pesth; Attomyr, in Pressburg; and in Venice, Baertl.

In Bavaria we find Roth, Reubel, Kammerer, Ringeis.

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In Thueringia and Franconia, Goullon, Hartmann, Messerschmidt, Wisclicenus, Winkler.

In Brunswick, Muehlenbein.

Even foreign countries were intellectually en rapport with Leipzig, and there are

In Russia (Petersburg), Staatsrath v. Stegemann (already mentioned under Baden); then Bigel to whom, next to Brunow, we owe the first translations of homœopathic publications into the French language, Trinius, Hermann, Wolff; and Counselor Eglau.

In Poland (Warschau), Mylo.

In France (Paris), Guerin de Mameres, Pougens; in Lyons, that exceedingly active physician, Count des Guidi, Desaix, Gueyrard, and Rapou.

In Switzerland, Peschier, Dufresne, Girtanner, and Lonchemp, who later achieved such fame by his journey to South America.

In Sweden (Upsala), Liedbeck and Wahlenberg.

In England (London), Quin, Foster, and Lang.

The practitioners at Leipzig had already organized a society in the spring of 1829. Although Moritz Mueller, in the spring of 1826 (Archives, Vol. V., No. 2) had already pointed out the existence of two factions among the homœopaths, whom he in perfect good nature called "purists" and "liberals," the most cordial relations existed between them.

In 1830, Staff-physician* Apell and Dresher took membership; Hahnemann was the only honorary member, but all the neighboring physicians and friendly colleagues had been made corresponding members. Unfortunately, as we shall see in the history of the next epoch, it could not long maintain its existence during these troublesome times. At the very time when the news came that societies had been formed in Lausitz, Thuringia, Dresden, and Hessen, a dissolution became unavoidable, and several years passed before a reorganization was had.

Having finally arrived at the point where the activity of the immediate disciples of Hahnemann commenced to go hand in hand with that of the neophites, we would be perfectly justified

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*Title of the surgeon in charge of a batallion of soldiers.

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to discuss the epoch from the first General Convention (Central Versammlung) to the very important celebration of August 10, 1851, were it not that some of our readers might miss several personages, active during this period, who, without being immediate disciples of Hahnemann, as converts to his teaching had taken a most active part in the struggle; they will think of names like Hering, von Boenninghausen, Griesselich, and several references to them which were made in the "Archive." Although their public career does not really commence until 1821 and 1832, we may improve this opportunity to introduce their biography at this place.

(The biography of Hering, so familiar to Americans, is here omitted by the translator.)

LUDWIG GRIESSELICH. We regret our inability to give information concerning the youth of this exceedingly genial physician and author, for neither the *Hygea*, nor the *Allg. Hom. Zeitung*, nor his own countrymen were able, at the time of his sudden and lamented death, to give a full necrological report.

In all probability, he was born toward the close of the eighteenth century, at Karlsruhe, the child of parents in comfortable circumstances, and must have enjoyed an excellent, exemplary training, for in all his writings he not only displays profoundly rooted humane convictions, but his whole bearing, his versatility, and his distinguished military career tend to give proof of it.

It was in the year 1831, as we see in the Allg. Hom. Zeitg., when he drew toward the circle of Hahnemann's followers by the publication of a sketch of the homœopathic school in Baden. He must have been known to some of them, for although his name does not appear in the list of members of that day, there is in it a reference in which he is mentioned as a regimental surgeon in the army of Baden and as a man long known to the scientific world as a distinguished botanist.

From that time on we see him constantly, until his death, on the field of controversy, holding particularly, from the year 1836, the most conspicuous place in the ranks of the opposition. Up to that time his pen had produced: 1. Sketches from the portfolio of a traveling homœopath, which furnished a brief critique of these most popular homœopathic physicians of that day, ad-

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ministering an unmerited chastisement to the profession at Leipzig, and indulging in the most enthusiastic praise of Hahnemann,—a partisan view which was to undergo the most remarkable change in the course of time. 2. Complete collection of all discussions and official acts of the governments of Baden and Darmstadt bearing upon the practice of Homœopathy. 3. Critical repertory of homœopathic journalism. 4. A number of striking replies to several bold attacks upon homœopathy, as, for instance, to the one made by Dr. Eisenmann, of Munich, Sacks, of Koenigsberg, Stieglitz, of Hannover.

Finally, in 1834, in connection with Drs. Kramer, Wich, and Weber, he founded the Hygea, a journal which uncompromisingly attacked the deficiencies, weaknesses and folly of several phases of homœopathic teaching, and which insisted more especially upon laying particular stress upon a more exact diagnosis and upon pathological anatomy. Unfortunately, the Hygea cultivated such vigor of expression that it not unfrequently bordered upon the offensive, giving rise to many a bitter controversy even with the most peaceful of men, for not all took matters so quietly as did Hahnemann himself whom, in 1835, he had pronounced an idiot and an old bag of wind, and whose methods he declared bad, although not as bad as the old.

In the year 1858, and almost at the very time when the news of his sad death was received, there appeared his handbook, "A contribution to the science of the homœopathic or specific (a term which he preferred) art of healing," in which he furnishes to practitioners and beginners an exhaustive introduction to homœopathy, an introduction which, as he says, he at one time keenly missed in the Organon. He also attempted in this work to show that the doctrine of the "Homoion" was based upon physiological and pathological facts, a teaching which several of its adherents had represented as unimportant, thus burdening homœopathy with the reproach that it lacked in scientific value and in depth.

To himself it was not reserved to witness to universal recognition which this book received. On the 23d day of August, 1848, he met with a serious accident. As acting surgeon-general of the 8th German armee-corps he was quartered at Altona, with the staff of his own brigade; riding from Altona to Ham-

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burg, his horse became frightened, threw him, and dragged him in the stirrup for a considerable distance.

In spite of immediate attention and the best of care his life could not be saved; three fractures were found at the base of the cranium, and he died, after intense suffering, on August 31st.

[TO BE CONTINUED.]

ACUTE RHEUMATISM IN MOTHER AND CHILD.—Dr. Seehafer reports in the *Berliner Klinische Wochenschrift* of February 1, 1886, the case of a woman who gave birth to a child while she was suffering from an attack of acute articular rheumatism. Delivery was speedily accomplished, but had no apparent influence upon the course of the fever nor upon the articular affection. Five days later the infant was also seized with the fever and a painful swelling in several of the joints. The course of the disease in both mother and child was a very protracted one and rebellious to the action of the usual remedies. The writer believes that the disease in the child was due to infection from the mother during intra-uterine life, and regards the case as conclusive proof of the infectious nature of acute articular rheumatism.

At a recent meeting of the "Alumni Association of the Womans' Hospital in the State of New York," Dr. T. Addis Emmet said, "Discharge from the uterine canal is a symptom, and not a disease. For seven years I have not made an application to the endometrium, except when there evidently existed granulations. On looking over my records I find that my patients require seven weeks less treatment than formerly when I was in the habit of making intra-uterine applications. Applications to the vagina are as efficient, and far safer. As regards cellulitis the name matters not. There exists something which must be treated with respect. * * * That we may have an inflammation of the cellular tissue cannot be questioned. After a time the cellular tissue becomes destroyed and disappears, and the peritoneum becomes affected, the vagina being drawn up against the broad ligament and its contained tube. Hence why pathologists cannot find old exudation in cellular tissue. Whether the exudation be cellulitic or peritonitic, the main question is how to get rid of it.

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CORRESPONDENCE.

TO THE PROFESSION.

"A SPECIMEN BRICK.—Before us lies a copy of the questions given the senior class of a certain medical college, for their final examination. We call the attention of the reader to the first question on the list: "*Give the composition of 25 grs. of Dover's powder; dose for an adult. Give dose of pulverized Opium. Give the amount of Opium in one and one-half grs. Morphine.*"

"There were nineteen other questions, but we need not give them here in order to ascertain with what sort of instructions these seniors have been armed by their *alma mater*. Neither need we quote them in order to find out what sort of an instructor is the man who occupies the chair which the above questions represent. But if the unsophisticated reader attempts, from the perusal of this question, to even guess at the professed character of the medical school in which such a question could originate, our word for it, he will probably miss his mark. If, however, he is not so unsophisticated as we suppose—if he knows what "liberal and progressive medicine" means, he may possibly hit the target the first time.

"No, no, good reader, this question was not put for a final examination to a class about to graduate from an allopathic college. The eternal fitness between such a question and an allopathic college, would have removed the fact of its being asked to the senior class, from the domain of criticism. Did we say criticism? As well might we critise the coiner of false money. When we criticise the acts of a suicide, we may apply some such test to the asking of such a question to a class of students, who are supposed to be instructed in "the divine art of healing," as taught by the immortal Hahneman. This college, whose faculty asks such questions, needs students—needs them badly, so we are informed. And it expects to get those students from homœopathic physicians. Dare it nail that question over its front door? Dare it put that question in its annual announcement?" —*Medical Advance, July, 1886.*

Dr. H. C. Allen, the editor and publisher of *The Medical Advance*, some two years ago sought to make himself famous by publishing the notorious "sick colt" editorial, the first open attempt on his part to injure the Homœopathic Medical College of the University of Michigan. The Regents of the University had failed to appreciate the services of Dr. Allen, had refused to promote him to a Professorship, and had quietly dropped him when the services of Prof. A. C. Cowperthwaite could be secured.

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After the "sick colt" editorial had been published, the members of the Hahnemannian Society of this college, entirely composed of students of this Department, took the matter in hand, and after what from the society's records appears to be a very careful investigation of the matter, promptly expelled their former teacher. These occurrences furnish the key to the strange phenomenon of a man who, at least, permits the impression to exist that he is still in some way connected with this University, doing all in his power to injure this department.

From the time the "sick colt" editorial was published, followed by the results just stated, Dr. Allen has faithfully carried out a policy of obstruction and opposition, and the above articticle, referring, of course, to this department and to myself, its Professor of Materia Medica, is a very fair specimen of the manner in which the fight has been carried on.

I am far too busy a man to indulge in an idle controversy with Dr. Allen, but had I an abundance of leisure and strength, I would wholly ignore any thrusts coming from that source and affecting myself alone. The profession well know my views, and I can good-naturedly submit, as I have done in the past, to occasional misrepresentations. In the present case, however, the attack is really aimed at this department, and in my recent examination a pretext is found for doing this school an injury. I therefor submit to the profession, and to their judgment, the lists of questions propounded to the various classes of this college at the close of the second semester, the senior-examination being final and for the degree.

FRESHMEN-EXAMINATION, 2d SEMESTER, SESSION 1885–86.

1. Which of the following list of remedies are found in the United States: Arsenicum, Belladonna, Bryonia, China, Chamomilla, Nux vom., Ignatia, Sepia, Baptisia, Plumbum, Aurum, Opium, Hyoscyamus, Rhus tox., Lachesis, Pulsatilla, Gelsemium, Aconite, Spongia, Cactus grand.

2. Name those of the above list of remedies which belong to the Natural Orders Ranunculaceæ and Solanaceæ.

3. Which of the above list belong to the a) animal, b) botanical, c) mineral kingdom.

4. Give of each remedy in the above list three characteristic symptoms, each characteristic belonging to a different group.

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5. Give of each remedy in the above list two of its most important applications to the treatment of disease.

JUNIOR EXAMINATION, 2d SEMESTER, SESSION 1885–86.

1. Give natural order of: Acouite, Belladonna, Helleborus, Gelsemium, Nux vom., China, Cactus grand., Chamomilla, Pulsatilla, Rhus tox.

2. Give ten characteristics of Lachesis.
3. " " " " Phosphorus.
4. " " " " Arsenicum alb.
5. " " " " Nux vom.
6. Describe the stool of Mercurius corrosivus.
7. " " chest symptoms of Bryonia.
8. " " hæmorrhage of Ipecacuanha.
9. " " cough of Cuprum metallicum.
10. " " action of Cantharides upon the urinary organs.

SENIOR EXAMINATION, (*Final*) SESSION 1885–86.

1. Give a) composition of 25 grs. of Dover's Powders; b) dose for an adult of pulv. opii; c) amount of opium represented by 1½ grains of morphia.

2. State the argument made to show that the mydriasis of atropia is *not* the result of its action upon the muscular fibre.

3. Give treatment of strychnine poisoning, and specify the particular precautions which must be taken in such cases.

4. State the points of resemblance between Belladonna, Hyoscyamus, Stramonium. Give also the points of differentiation, especially pulse, delirium, convulsions of each.

5. Describe the action of Lead upon the nervous system.

6. Give the special characteristics of Aurum as seen in headache and nasal catarrh.

7. What remedies have burning pain in a small, circumscribed spot in the epigastrium, extending from there to other parts?

8. Give five characteristics indicating the use of Sepia in uterine displacement.

9. Describe the leucorrhœa of Kreasotum.

10. Describe the action of Bryonia and of Phosphorus upon the respiratory organs.

11. Describe the colic of Nux vom., Colocynthis, Plumbum.

12. Describe the diarrhœa of Arsenicum, Chamomilla, Podophyllum, Ipecacuanha.

13. In the treatment of what class of affections is Hepar sulph. especially useful. Give five of its characteristics.

14. Describe the cardiac symptoms of Cactus grand., and give the symptoms indicating its use in hæmoptysis.

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15. Describe the uterine hæmorrhage of Ipecacuanha.

16. Describe the mental and nervous symptoms of Chamomilla, Aurum, Arsenicum, Gelsemium, Pulsatilla.

17. Give ten characteristics of Mercurius sol. Hahn.

18. In what respects does Mercurius corr. differ from nearly all other mercurial salts?

19. Describe cough of Belladonna, Aconite, Stannum, Spongia tosta, Phosphorus.

20. Describe sore throat of Argentum nitric., Baptisia, Lachesis, Mercurius iodat., Hepar sulph.

It will be seen that the *entire* attack of Dr. Allen is based upon the first question of the senior-examination—, one question out of twenty. A man of refinement and self-respect, *for his own sake*, would have published the entire list and then offered criticism, if called for. Not so with Dr. Allen. It answered his purpose to obtain the list through a third party and put it to such uses *as he saw fit* during the meeting of the Inter-national Hahnemannian Society, American Institute of Homœopathy, and in the *Advance*.

Without admitting that anything in the nature of an explanation is called for, I desire to state that I have seen serious results arise, *even in the practice of avowed Hahnemannians*, from an utter ignorance of the nature and dose of certain drugs, used non-homœopathically. To illustrate, I have known very grave alarm to be excited by effects produced from an overdose of atropine given by a gentleman who claimed rarely to use anything lower than the 200th attenuation, and I have heard homœopathic physicians bitterly ridiculed on the public streets because several old-school physicians had been kept busy nearly all of one night preventing fatal results of an overdose of morphine, administered by an avowed homœopath and exclusive high-dilutionist. I therefore believe that *all* physicians, regardless of their views on the wisdom or unwisdom of purely palliative treatment, must know *something* of the nature, dose, etc., of drugs daily used for such purposes, and am convinced that no teacher of materia medica, even in an homœopathic college, does his duty by the class if he fails to supply this knowledge; and it can be supplied *without* interfering with the purity of the teaching on homœopathy.

The first three questions cover the broad ground upon which

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every respectable physician must be at home; the following seventeen questions out of twenty cover *homœopathic* materia medica and, as the reader will observe, are calculated to fairly test the student's knowledge of the *individuality* of each drug, the highest test of a thorough knowledge of our materia medica.

The second and third question stand in no closer relation to homœopathy than does the first; any objection applied to the first would be applicable to the second and third. Yet, is it not generally considered necessary to teach students in homœopathic colleges what to do in cases of poisoning? Dr. Allen well knew how weak his cause, how false his premises and deductions, how "tricky" his conduct, and with the instinct of a trickster he sought to expose himself as little as possible.

I certainly feel safe in charging Dr. H. C. Allen with conduct in the premises of which no gentleman can feel proud. Such methods may be overlooked in a life-insurance agent or a dealer in cast-off clothing, but they are wholly unworthy of a man of common professional decency or of average brain-power.

Finally, I desire to inform Dr. Allen and the profession at large that I shall do my duty, fairly and squarely, so long as I occupy the responsible position of a teacher. I shall not be instrumental in sending men and women into practice without the most thorough and complete knowledge of the varied properties and uses of drugs which I can give them, and I can well afford to see myself belied and belittled for so doing. I shall teach homœopathy earnestly and faithfully, as my strength permits and as I understand it; and should the time come when my strength is exhausted or when I am not permitted to teach as my conscience dictates, I shall then cheerfully resign my charge and leave the verdict to that profession in whose service I have spent a life not altogether selfish or idle.

H. R. ARNDT.

GEITHAIN, near LEIPSIC, SAXONY, GERMANY, JULY 2nd, '86.

DEAR EDITOR:—I have been studying for some years the pathology and the therapie of epilepsy. I am quite sure that

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our homœopathic treatment will and must be the most efficient, if only we could better discern the value of the single symptoms of the aura, and if we better understood the abortive attacks, viz.: if we did not undertake to heal the epilepsy, but if we would individualize just as in every other illness. I believe firmly that the great task to fix the efficient therapia of the different forms of epilepsy (grand mal, petit mal, epileptic vertigo and sweat, enuresis spastica) can only be fulfilled by the corroboration of all who take an interest in our system.

1. It is necessary to make a systematic investigation of the whole nervous system on every patient laboring under epileptic attacks.

2. It is necessary to collect the notes about all known attacks of epilepsy which have been treated with good or bad effects.

This side of the question requires the corroboration of every practitioner. I will be thankful for every information given me on this subject. It will be a pleasure for me to make the above thorough investigation of the nervous system on patients from your country, traveling in Europe. May I ask you the favor to give my address and a note about my intentions in your journal. Truly yours,

ALEXANDER VILLERS, M. D.

The eighth annual announcement of the college of the N. Y. Ophthalmic Hospital affords strong evidence of this institution's marked prosperity, and bids fair so far as future work is concerned. Its facilities are in every respect equal to those offered by any similar college, and, in fact, its clinical advantages are as complete and varied as the most exacting can desire or the most sanguine can expect. The prosperity of this college is prima facie evidence of the generous support accorded to it by the profession. Nevertheless, it may not be at all out of the way to remind homœopathic practitioners who desire to devote themselves to the eye-and-ear specialty, that they will serve their own interests by attending this college in preference to institutions which greedily accept their fees, give them nothing practical in the way of therapeutics, and spend a goodly portion of their time and energy in casting reproach and ridicule upon homœopathy.

Dr. John C. Morgan expects to spend July and August at Ocean Grove, N. J., and offers to take charge of any patients entrusted to him by his colleagues.

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CHAT ABOUT BOOKS.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. THIRD EDITION. THOROUGHLY REVISED AND AUGMENTED. BY JOSEPH T. O'CONNOR, M. D. BOERICKE AND TAFEL, 1885.

The 3d edition of this valuable work retains all the commendable features of preceding issues, and for its careful adherence to established principles of homœopathic pharmacy, its clearness of description, and the general accuracy of statements made, is entitled to the cordial indorsement of the profession. H. R. A.

A MANUAL OF MIDWIFERY. BY ALFRED LEWIS GALABIN, M. A., M. D., OBSTETRIC PHYSICIAN AND LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN TO GUY'S HOSPITAL, &C., &C. 1886. P. BLAKISTON, SON & CO.

The tendency of the times is to condensation. Both the student and busy practitioner want facts, hard facts with only enough of the theory to hold such facts, leaving theories to the specialist. Galabin has aimed to supply the wants of the former and not the latter, and the result of his efforts is a book of 753 pages containing 227 illustrations. The cuts are of more than ordinary excellence, and the work is one that students can follow without becoming confused with unnecessary technicalities, while practitioners may safely rely upon it during any emergency. J. C. W.

A COMPEND OF PHARMACY. BY F. E. STEWART, M. D., PH. G., BASED UPON PROF. JOSEPH P. REMINGTON'S "TEXT BOOK OF PHARMACY." PHILADELPHIA: P. BLAKISTON & C., 1886.

This tasty little volume, of about 200 pp. octavo, is the eleventh of the "Quiz-Compend Series," published by the Blakistons. A careful examination gives abundant proof that the volume has been prepared by one who is not only fully acquainted with the science of pharmacy, but who is also a master in the art of "quizzing." In clearness of questions, conciseness and accuracy of definitions given, in the arrangement of the text, with its judicious display of headings, the "Compend of Pharmacy" is all that can be expected by the most exacting, and can be heartily recommended to students and others.

H. R. A.

A REPERTORY OF THE MOST CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. EDITED BY GEO. WM. WINTERBURN, PH. D., M. D.—NEW YORK, A. L. CHATTERTON & CO., 1886.

To review carefully and justly a repertory is an almost impossibility, since nothing short of the continuous use of such a work, for many months and upon all possible occasions, can determine its superiority over other books of the same class. Although a surprisingly productive writer, our New York colleague has done himself credit in all he

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has undertaken, and his name upon the title page creates a prejudice in favor of the little volume before us; whether, or not, an intimate acquaintance with its contents will strengthen this impression, time alone can tell. The arrangement of the repertory does not materially differ from that of other efforts in the same direction, but its convenient size will, we trust, tempt many to make of it a constant pocket-companion, thus fulfilling the mission for which it was evidently planned and executed. H. R. A.

HAND-BOOK OF PRACTICAL MEDICINE, by Dr. Hermann Eichhorst. Wm. Wood & Co., New York, 1886.

Among the many valuable books published by this enterprising and well-known house, this little work will rank among the best. Vol. 1. comprises diseases of the circulatory and respiratory organs, and for pathology and physical diagnosis is rarely excelled. To one who has practiced according to the law of "similia," the therapeutics appears to be meagre and unsatisfactory, and yet there is no difficulty in recognizing the homœopathicity of much of the treatment advised, for bronchial and pulmonary diseases especially, as well as for many other diseased conditions mentioned. The auxillary measures are those in vogue in both schools of medicine, in addition to many not used by us, but which might well employ our attention. Altogether the work is a valuable acquisition to the already large supply of treatises on practice, and will be gladly hailed by all who are anxious to keep abreast of the times in pathology and diagnosis. D. McL.

ARSENIC IN SKIN DISEASES.—The editor of the *Journal of Cutaneous and Venereal Diseases* is desirous of ascertaining to what extent arsenic is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value. Information upon the following points is requested of every physician who reads this: Are you in the habit of employing arsenic, *generally*, in the treatment of skin diseases? In what diseases of the skin have you found arsenic of superior value to other remedies? What ill effects, if any, have you observed from its use? What preparation of the drug do you prefer, and in what doses do you employ it? Address, editor of *Journal of Cutaneous and Venereal Diseases*, 66 West 40th Street, New York.

Among the visitors during commencement-week, none received more attention and was greeted more warmly than our old friend, Dr. I. N. Eldridge, of Flint. The wear-and-tear of many a battle hotly contested, and his unswerving fidelity to this department, entitle him to the esteem and veneration of every friend of the school. Keen regrets were expressed that his old-time colleague and co-laborer, Dr. A. I. Sawyer, of Monroe, could not be present.

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STRAWS.

ANÆSTHESIA OF THE SKIN THROUGH MERCURIAL POISONING.—Hitherto mercurial poisoning has been known to affect the sensory nervous system, so as to cause hyperæsthesia. But Fremy has reported a case in which he observed the very opposite symptom, anæsthesia:

A workman, employed in a mirror factory, showed all symptoms of mercurial cachexia, with a more or less complete anæsthesia of the right side of the body, and an incomplete anæsthesia of the left side. The thermal sensibility was suspended in the lower extremities, in the right half of the trunk and in the upper extremity. Analgesia was already noticed in those places where tactile and thermal sensibility had not disappeared. The mucous membranes and the sensory organs participated in the anæsthesia of the right side of the body; the tongue, the palate, the pharynx were insensible to touch; the perception of taste diminished; the sense of smell dull; the right conjunctiva bulbi totally numb, the left one partially; the pupil dilated; vision diminished; hearing normal. Patient complained frequently of pain in the ears. After the use of potash, iodide and sulphur baths, these symptoms disappeared entirely.—*Gaz. des Hopiteaux.*

MALIGNANT TUMORS OF THE FAUCES.—The following are the conclusions of M. A. Castex, in an article on this subject in the *Revue de Chirurgie* for January and February, 1886: Malignant tumors of the fauces are most frequently epitheliomatous in nature. They usually originate in the tonsil. They appear generally in later adult life, but it is not possible to attribute their occurrences especially to the use of tobacco. The most marked functional symptoms are pain in the ear, ptyalism, and difficulty and pain in deglutition. Among the objective characteristics may be noted the tendency of the ulceration to spread on the surface rather than to increase in depth, the grayish and pulpy mass which covers the ulcer, the peculiar shapes (sometimes as if flattened out, and sometimes in disseminated islets) which the neoplasm assumes, occasionally anæsthesia of the pharynx, and enlargement of the glands at the angle of the jaw. The general symptoms are relatively late in manifesting themselves. The progress of the disease presents frequent re-

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missions, and the neoplasm spreads usually along the pillars of the fauces, and then over the veil of the palate. Certain epitheliomata of the pharynx have a boring tendency, and perforate the base of the skull. Adenomata of the velum, at first encapsulated, may rupture their envelope and take the course of sarcomata. Secondary adenopathy is often slow to appear in epithelium of the pharynx. As regards diagnosis, any unilateral hypertrophy of the tonsil in those advanced in age should be regarded with suspicion. It is sometimes difficult to decide between cancer and the tonsillear manifestations of syphilis in any of its stages, especially chancre of the tonsil. The diagnosis between malignant disease and the tuberculous and scrofulous lesions of the fauces is more easily made. As regards surgical interference, M. Castex formulates the following rules: 1. When the neoplasm is circumscribed and the neighboring glands are not involved, an operation should be performed; 2, intervention will also do good rather than harm when, although the disease is extensive and the glands are affected, the tumor is nevertheless circumscribed and movable; 3, when this degree is exceeded, an operation can be but palliative in its result, and is justifiable only when the pain is excessive or other imperative indications are present. Access may be gained to the seat of disease either through the natural openings or incision from without, but in either case free drainage to the exterior should be provided for. As a rule, M. Castex concludes, if the operation be performed early and the entire neoplasm be removed, a considerable period of comfort and freedom from the disease will be obtained, but it is very important to intervene at as early a period as possible. The operation itself is not wholly free from the dangers of hemorrhage, secondary pneumonia, and septic infection.—*Med. Record.*

Maurice Hache, M. D., 8 Rue de Tournon, Paris, May 18th, 1886, says: I have tried Bromidia in two cases, one patient suffering from a slight febrile affection, the other a victim of acute insomnia; in the latter case various preparations of opium had proved useless, and the administration of chloral was followed by lassitude and congestion in the head. Bromidia produced sound sleep in both of these cases, unaccompanied by any unpleasantness on awaking. In my opinion this preparation is destined to render good service, and I intend prescribing it whenever the opportunity presents itself.

Geo. W. Kelso, M. D., U. of M., class '86, has settled in Newbury, Mich. Or, to be more exact, accident having taken him to Newbury, he finds his services in such demand that he is tempted to remain there.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

The general editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. ARNDT, Lock Box A. E., Ann Arbor, Michigan. Subscriptions, advertisements, etc., must be addressed to DR. D. A. MCLACHLAN, Lock Box 3083, Ann Arbor, Michigan.

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EDITORIAL CHAT.

[Dr. Bowditch on "Homœopathy as viewed by a member of the Massachusetts Medical Society.—Continued from issue of August 1.]

QUESTION V.: "*To what doctrine of Homœopathy does the 'regular school' most object? Why are the doctrines of Homœopathy more strenuously opposed by the 'old school' than the widely varying theories constantly presented by physicians of that school?*"

ANSWER: The dissension in your ranks concerning certain phases of teaching makes it difficult to answer the first part of this question. If I express doubt as to the power of infinitesimal doses of table-salt to produce any effect whatever, I am told by some of you that "such ideas have long since exploded," while others as stoutly maintain the correctness of the statement, and use salt in high dilutions for curative purposes. Of the doctrines generally held to be peculiar to the homœopathic school, the advocacy of the single remedy is not especially objectionable, and, in fact, the "old school" are drifting in that direction. The use of high attenuations is objectionable, because "we consider that homœopathy has not yet shown by its results facts which warrant its claim to more favorable results than what Nature could have accomplished when assisted merely by proper hygienic and dietetic care." To the law of the similars, as an unvarying law in practice, we most positively object; we recognize "that some drugs which cause certain symptoms will oftentimes check or cure similar symptoms arising from another cause," "but at the same time feel that the homœopathists have gone too far and are not justified by exper-

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ience as yet in asserting they have discovered some mysterious law of nature which governs the whole domaine of medicine, because certain drugs possess qualities which are perhaps not explained to our entire satisfaction? We believe, moreover, that the claim of the homœopaths that *symptoms* must be treated without regard to the *cause* of the disease is, if strictly adhered to, a dangerous source of error, even were it possible for every physician to practice in exact accordance with the classified "provings" of your text-books. "Taking into consideration the innumerable outside influences which may cause a difference in any two groups of symptoms," the old-school physician feels safer in searching at the outset "for the source of the disease, while closely watching, and relieving, if need be, special symptoms."

The bitter opposition to the "homœopathic school," as an exclusive body, is based upon the earnest belief that no physician can afford to adhere to any "set formulas for practice," that the general term "physician," allowing the broadest liberty, is quite sufficient for all purposes. Furthermore, homœopaths do not practice always in accordance with those methods, and thus mislead the laity. Can you blame the "old-school" physician, "when he hears that the leading homœopathist of a large city in a neighboring state is giving cod-liver oil and quinine, three times a day, to the child of a lady who 'has implicit faith in homœopathy'—can you blame him, I say, when he accuses such a man of sailing under false colors; or again, how can he be expected to believe that there is such a vast difference between the homœopathic and 'regular' methods, when he hears that the leading homœopathist of a large town in this state treats a case of chronic pleuritic effusion with arsenicum, in doses equal to one drop of Fowler's solution, with glycerine jackets applied to the affected side, and with stimulants, the previous treatment under a 'regular' physician having been three drops of Fowler's solution three times a day, and iodine applied to the side?" "We are bound to nothing, and are at liberty to use any drug in whatsoever dose we please, when experience has proved to us its beneficial action, the only provision being (I repeat it, to impress it upon you) that we take no name other than that of 'physician.'" "We may use the one one-

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hundred-thousandth of a grain, nay, the one-millionth of a grain of any drug, if we wish, and yet no one can rightly accuse us of sailing under false colors if we do not class ourselves with one sect of special name."

COMMENTS: The question itself is so comprehensive that both a reply and comments upon the answer could easily be indefinitely spun out. The difference existing in the ranks of homœopaths may, to a certain extent, create a difficulty in the minds of critics who are bound to maintain that homœopathy is not capable of modification or expansion. To admit this, would at once place homœopathy and its adherents beyond the pale of recognition by intelligent, to say nothing of scientific, persons. By avowing faith in, and pledging adherence to, the general principles of Hahnemann, no practitioner in his right senses accepts Hahnemann as a sort of medical Messiah, or yields for a moment the right to utilize all the advances made to make of himself a better physician and to still further perfect homœopathic therapeutics. To presume that the nine thousand homœopathic physicians in the United States, to say nothing of the large number of Hahnemann's followers in other parts of the world, should all think alike upon all points of doctrine promulgated by Hahnemann, would presume the existence of an amount of bigotry, ignorance and intellectual laziness which never had, and never can have, its like on earth. And nothing is more unfair in our distinguished critic than to insinuate that the amount of faith in the efficiency of common salt as a remedy, given high or low, affects in a sensible manner the standing of an individual or the question at issue. There is every reason to believe that Common Salt has proved itself possessed of very valuable curative properties; but had experience shown that Hahnemann, in so teaching, made a mistake, it would even then be too insignificant a point to discuss at length. Hippocrates is held in high repute by all physicians, and in a certain way is held up as an example worthy of the closest imitation even at this day. And yet, examined by the light of medical science of to-day, the great bulk of the teaching of Hippocrates, and of all the older and famous writers, becomes a very mess of fallacies and nonsense. Was then Hip-

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pocrates a fool or a great man? And if the latter, in what do his claims to greatness consist? He first taught physicians the necessity of close observation, and by so teaching conferred an inestimable boon upon humanity, even though the great bulk of his specifications have long since been shown to be false. It is so with Hahnemann, and if the future shows that he was too positive in assertion, too hasty in arriving at certain conclusions, or, in the light of rapidly increasing and constantly more effective investigation, quite at fault in some of his teaching, the general profession, in spite of themselves, will be forced to admit the wonderful amount of work done by this patient laborer and the unmeasurable benefit conferred by him upon the world.

The attempt then, by Dr. Bowditch, to "drive the devil around the stump" and to avoid, to a certain extent, a prompt and direct answer to the question, by dwelling at great length upon the fact that the thousands of homœopathic physicians are not foots enough to think alike upon all points, and to claim that thus a direct reply becomes exceedingly difficult, is by no means well-timed.

Of the cardinal points of homœopathy (the single remedy, the small dose, the proving of drugs, the law of cure), the argument made against the reliability of clinical evidence in favor of cures made with high potencies is unfortunately a sword which cuts both ways. It is no easier to prove that a patient has recovered from a fit of sickness because some "old-school" friend gave him a cathartic or put him on a course of tonic treatment, as it is to prove that the recovery took place as the result of an infinitesimal amount of drug-matter administered. Indeed, in the former case the additional question arises to what extent the poisonous effects of the medicine given *retarded* the cure or laid the foundation of secondary morbid action which otherwise would not have taken place,—a question which under homœopathic treatment is not so likely nor so appropriately raised.

As a matter of course, the chief objection to homœopathy is based upon the acceptance of the law of Hahnemann as a generally applicable law of cure, for, granting even that some slight difference of opinion exists among homœopaths as to the exact scope of this law, the faith reposed in it is very strong, and

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the school cling to it with unanimity. Our old-school friends fully realize that this law once removed, the faith in it once destroyed, the union of the schools would be an accomplished fact.

Dr. Bowditch's admission, which any old-school physician is forced to make, concerning the occasional glimpses had of this law and the double-action of remedies, leading, for instance, to the use of ipecacuanha for the purpose of checking emesis, would seem to allow the *possibility* that such a law may exist as a generally applicable principle. The fact that the pupularity of Ringer, Brunton, and nearly every one of the recent popular therapeutists of the dominant school rests upon the wholesale pilfering perpetrated by them from the domaine of homœopathic therapeutics would seem to argue that this law is much more nearly universal in its application than was dreamed of a score, or so, of years ago. This being the case, the question again becomes pertinent—since empiricism, after some two thousand, or more, years of very fair trial has proved a failure—would it not be wise to spend a few centuries in a united effort to determine the extent to which this law is applicable to the selection of the remedy for any given case? The homœopathic school have nearly solved the matter to their own satisfaction. A general, united effort, carried on for a length of time which would do away with the drawbacks peculiar to short-lived, spasmodic trials of this sort, could not but result in great good. Such a proposition would seem the more plausible since Dr. Bowditch readily admits the frequent cure of pathological conditions by remedies which produce in the healthy a very similar group of symptoms, "qualities which are perhaps not explained to our entire satisfaction." Dr. Brunton, of England, is evidently in the same predicament, for he in his recent work on "Pharmacology, Therapeutics and Materia Medica" gives hundreds of therapeutic hints which are absolutely unintelligable and unreasonable if they are interpreted in the light of his pharmacology. Ringer is in exactly the same boat, and so is Phillips, and so is Bartholow, not to mention Piffard and a host of other writers of the present time.

Looking the matter squarely into the face, the homœopathic school, accepting the teaching of Hahnemann on this point,

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have accomplished more solid progress in the way of building up what promises to be a fairly satisfactory system of therapeutics than has ever been accomplished by our scientific colleagues. To be sure, they have had the good sense to appropriate, without a single "thank you" whatever their fancy led them to take; and, as non-sectarian "physicians," we presume, they may with impunity continue to do this without violating a single point of their "code;" but a little candor on their part would put them into a much better position before the historian of the future. Nevertheless, our friends had better take the bull by the horn, examine carefully and honestly into the teaching of homœopathy on this point, (especially as it refers to the natural limitations of this law), practice openly its teachings, and they will soon find that increased knowledge and careful experimentation with it will bring a correspondingly increasing amount of confidence in it. By acting upon this suggestion they lose nothing, for self-confessedly they have nothing to lose.

Concerning the practice of homœopaths so far as it consists of prescriptions based upon symptoms, the distinguished reviewer of homœopathy should remember that the "TOTALITY" of symptoms forms the basis of homœopathic practice, and that this totality includes not only "the personal idiosyncrasies" and the "innumerable outside influences" which he justly mentions as constituting important considerations in determining the treatment of a sick one, but that the term covers ALL there is in any way, shape, or manner connected with the case or which can influence it. No class of men can possibly be more painstaking in the close and unremitting watch held upon these thousand-and one details than is the intelligent homœopath; in fact, homœopathy may here again boast of having taught old physic a most valuable lesson, for it is by watching the care with which the homœopathic physician examines his patient, and the superior advantages resulting from such a minute examination, that our "allopathic" and "scientific" neighbors have learned to fully appreciate "the important part which personal idiosyncrasy plaps, to say nothing of the innumerable outside influences," etc.

Possibly, some argument, not even mentioned by Dr. Bowditch, might be made to show the possible lack of reliability,

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under certain conditions, of prescribing upon the totality of symptoms; what such an argument is to consist of, it is hard to imagine. Under no circumstances, however, can the attitude of a physician thus prescribing become any more embarrassing or even ridiculous than is that of the "scientific" medical man standing by the bedside *waiting* "while watching the case carefully for the advent of symptoms which would assist us in our diagnosis."

The statements made in reference to the practice of professedly homœopathic physicians to resort to means lying outside of the domain of homœopathy admit of lengthy comments, and at first glance have in them a shadow of justice. Certainly, those physicians who honestly hold that the law of the similars is ALL-sufficient, have no right morally to resort to means lying outside of this law. But do the homœopaths so teach? We think not. The "globule" cannot possibly be made the means of amputating an injured member, nor can a dynamic agent produce results based upon chemical properties. Hahnemann himself gives a long list of conditions to which the law of homœopathy is not applicable. To this list the professed Hahnemannians are justly and morally limited. The great bulk of the profession, however, accepting the law of the similars as the very best and most practical rule yet devised for the treatment of the sick, and believing it to be sufficient for the cure of diseases based upon some disorder of the "dynamis," looking upon Hahnemann as a great philosopher but not as a Messiah, are not only at liberty, but are in honor bound, to so practice their profession that their daily work shall constitute a series of experiments tending to throw upon this question all possible light, to determine whether, or not, Hahnemann enumerated *all* the exceptions to the general rule by him laid down, or, if you please, to do work in pathology by seeking to determine, from the practical operation of their remedies, whether all diseases held by them to be the result of disturbance of the vital force are such in reality or are due to causes demanding the employment of mechanical, chemical, or other, means.

It is then evident that any attempt to limit the physician who holds to the truths of homœopathy to the employment of strictly homœopathic methods, to interdict resort to anything

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and everything outside of the homœopathic, is practically shere nonsense. If not, then resort to the commonest measures employed in the sickroom would, in homœopathic practice, be a moral wrong. And yet, here again Hahnemann sets "scientific" medicine a glorious example by pointing out the absolute necessity of giving close attention to diet and a thousand details in the management of the sick room, measures not at all homœopathic.

The American Institute of Homœopathy very wisely declares that it is the duty of every physician to study not only the action of new remedies and of new processes for preparing medicines, but also of "new modes of treating diseases, and to subject them to the analysis of scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible but is his solemn duty to investigate thoroughly and without prejudice whatever offers any probability of adding to his knowledge of the art and means of curing, and of thus enriching the science of medicine." And if our distinguished Boston critic sees fit to question the logic of the representative body of what he pleases to call an exclusive sect in making the above declaration of principle, we take pleasure in referring him to one Samuel Hahnemann who pertinently says: "The first and *sole* duty of the physician is to restore health to the sick." (Organon, § 1.)

Whether, or not, the treatment employed by homœopaths in the instances cited, was the correct treatment, we cannot without an intimate knowledge of facts determine. But Dr. Bowditch should not object; it is evident that the "exchange" was more than fair to the "regular." Both men employed certain auxillaries probably suggested by common-sense and well adapted to a certain purpose; the "scientific regular" borrowed from homœopathy the remedy homœopathic to the case, and "*Who stole the chickens?*"

The Illinois State Board of Health has resolved to recognize no medical college as of good standing, the aggregate of whose graduates amount to forty-five per cent. of its aggregate matriculates during a period of five years ending with any session subsequent to the session of 1885–86.

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OBSTETRICS, GYNÆCOLOGY AND PÆDOLOGY.

EXTRACT FROM AN INTRODUCTORY LECTURE ON "THE SIGNIFICANCE OF PAIN IN THE DIAGNOSIS AND TREATMENT OF GYNÆCOLOGICAL DISEASES."

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY I. S. MORRIS, M. D., CLINICAL ASSISTANT.

LADIES AND GENTLEMEN:—

We have nearly completed our course of lectures on diseases of women. You are perhaps now able to form some idea, not only of the great importance of the subject, but also of the astuteness, and powers of discernment necessary to constitute a successful gynæcologist. You have seen, both from your theoretical studies upon the subject and the various clinics presented in this amphitheatre, that woman is not only more liable to lesions of the pelvic organs than is her stronger counterpart, man, but that she is literally and figuratively "a bundle of reflexes;" her finer nervous organization is more easily vibrated by causes, which, in the less susceptible male, can find no vulnerable point of attack.

In dealing with the various subjects embraced under the title "gynæcology," and in the clinical demonstrations which it has been my pleasure to make, I have endeavored to keep two objects in view, one or the other of which is too often lost sight of by both the general practitioner and specialist. I have endeavored first not to permit the "local" element of disease to overshadow the "general", and *vice versa*. In other words, I have tried to impress upon you the necessity of looking upon both sides dispassionately, so as to positively determine whether or not the constitutional manifestations are due to local causes or, conversely, if what first might seem a purely local lesion may not be due to some constitutional dyscrasia. The question is not by any means always an easy one to decide, and the beautiful way in which Homœopathy can link pathology with pathogenesy will often come to your rescue; there will be many instances, however, where your best directed homœopathic remedy will not accomplish the desired result, and then it becomes your duty to learn "*why* the failure."

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It is my object to-day to again reiterate some of the maxims so often repeated, referring in subsequent lectures to some of the cases which you have witnessed in the general and sub-clinics and to others occurring in my private practice. Before doing this, however, I want to review for you some of the difficulties and duties of a specialist in this department of medicine. All of you have experienced some of the difficulties in studying the diagnosis of diseases of women. The various members of the senior class have made repeated examinations of nearly all of the pathological phases incident to womankind, yet the same opportunities can not be presented to the student of gynæcology that are presented to the student of ophthalmology, for instance. No matter where you go, there is no exception to this rule. The female patients of the Eastern hospitals, or even those of the European hospitals, form no exceptions to this rule. The innate modesty of woman, no matter in what grade of society you find her, rebels against the same indescriminate use of the speculum with which the aspiring occulist resorts to the ophthalmoscope in studying diseases of the eye. Again, the inaccessibility of the female pelvic organs is another obstacle in the way of making a diagnosis, hence the sense of touch has to be largely depended upon, and it is of the utmost importance to educate the finger so as to both see and feel, as it were. Even with the best adapted finger it is sometimes exceedingly difficult to define the condition of the uterus, ovaries, and Fallopian tubes.

It is not my purpose to dwell upon the various "methods" of making an examination. I desire simply to call your attention to when and under what circumstances you ought and you ought not to insist upon an examination of the female genital organs, as well as under what circumstances you are justified in operating, before proceeding with our study of "the significance of pain in the diagnosis and treatment of gynæcological diseases."

It rarely becomes necessary to resort to the local examination of girls before the age of puberty. Sometimes in children, especially those of a scrofulous diathesis, an obstinate leucorrhœa will necessitate a local examination, and even local treatment. If due to pediculi or ascarides, local treatment then becomes imperative. Retarded puberty is another indication for a local examination in young girls, especially if there exist

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periodical disturbances indicative of menstrual retention. That the external manifestations of puberty are not present does not make an occlusion impossible, for it is a fact that some patients will present no evidences of this period, although the menstrual discharge takes place within the uterine cavity. I have already cautioned you not to be deceived by the statements of either the patient herself or the parents, when it is asserted that no signs of the flow have ever been seen, especially if there is a decided enlargement of the abdomen. Traps of this kind are constantly being set for the unwary, and you can not be too cautious in making instrumental explorations of the genital tract. The only other condition calling for a physical exploration of the genitalia of young girls is a vesical calculus. The detection of a stone in the bladder by any other method is quite impossible.

A young unmarried woman comes to you with an obstinate dysmenorrhœa. You are familiar with the various causes of this painful affection. You know that in many cases, I think the majority, you will be able to correct the difficulty with the properly selected homœopathic remedy. You make one or more prescriptions and fail to accomplish the desired relief, and the probabilities are that the cause is a mechanical one, only to be relieved by mechanical means. An examination becomes your only recource and, unless you think the confidence of your patient can be gained by prolonging the internal treatment, your dignity and reputation as physicians will be better subserved by declining to further treat the case unless your request be granted. As a general rule the hymen undestroyed usually contraindicates anything more than a digital examination, but, like all rules, there are exceptions to this one. For instance, there may be a sudden retro-displacement which would necessitate the rupture of the hymen in order to correct the malposition of the uterus. A persistent leucorrhœa may be due to an erosion of the cervix, even though the hymen be in tact, in which case it may become necessary to tear it in order to make the proper application to the diseased parts.

For obvious reasons you will deter making a local examination during the catamenial period. Here, too, it may become necessary to discard all false modesty and resort to an examina-

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tion, even though the operation be anything but pleasant. For example, it may be necessary to control the hæmorrhage, if menorrhagic in character, and, the cause of the flow can better be ascertained at this time than at any other. Intra-uterine polypi are frequently forced into the vagina or cervix during menstruation, though entirely inaccessible during the intermenstrual period, when they can be grasped and removed with comparative ease. An operation under other circumstances during the menstrual molimem would be hardly justifiable. The better time to perform all operations on or about the uterus is from five to ten days after the flow ceases, it being considered a great misfortune by many writers to have the flow return before complete union takes place in operations upon the uterus or perinæum. In my opinion the danger has been greatly overestimated. Indeed, some authorities contend that so far from being detrimental to the complete union of the parts, the greater hyperæmia at this time is a most decided factor in aiding union. Simon, of Heidleberg, is one of these. The greatest obstacle is, however, the inability to keep the parts clean while constantly bathed in the menstrual blood, cleanliness being essential to prevent septic infection as well as to aid in the healing process. You will remember Mrs. W— whom I operated on for both a lacerated cervix and perinæum, menstruation recurring upon the sixth day after the operation, yet the parts healed perfectly.

Pregnancy is likewise a contraindication to most operations Here again we can not dogmatically adhere to this rule, for under some circumstances the danger of prematurely emptying the uterus is slight, compared to allowing gestation to progress to full term without removing what would eventually become a mechanical obstacle to the birth of a fully developed child. Such obstacles are the various malignant and non-malignant growths of the cervix; ovarian tumors crowding down into the pelvic cavity, whose contents must be emptied by aspiration or otherwise to prevent a rupture into the peritoneal cavity as the head descends. It is exceedingly necessary, however, to handle the pregnant uterus with the utmost caution, and care must be practiced in resorting to so simple an operation as the vaginal douche. Where an erosion of the cervix exists with obstinate nausea and vomiting the pregnant uterus will tolerate local ap-

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plications, even though they be quite severe. It will be well for you to look for a lesion of this kind when you fail to bring the desired relief with the indicated remedy, in obstinate "morning sickness," and direct your treatment accordingly. Retroversion downward displacements of the uterus may require a pessary until after the fourth month when the uterus will ascend into the abdominal cavity; it is likewise impossible to relieve a rectocele or a cystocele in any other way, but all operations of any great magnitude, with the exceptions enumerated, should be postponed until after the puerperal state.

It is not necessary for me to again repeat the injunction of not operating, so long as any pelvic inflammation exists. Chronic pelvic cellulitis and peritonitis are so easily fanned into active existence by undue manipulation, as to make it absolutely imperative to smother the latent inflammation before undertaking an operation, even though of the most insignificant nature. Emmet mentions a case where he removed a mucous polypus from the ceruix not larger than a small pea, which reacted upon the patient so as to cause death. The patient was a most estimable and prominent young society lady, and the accident resulting from this slight operation long exerted a deleterious effect upon the reputation of this distinguished gynæcologist.

The first and great requisite of a successful physician, and especially of a successful gynæcologist, is an analytical mind. In no department of medicine is it necessary to both analyze and synthetize as in gynæcology. These attributes will prevent you from stumbling over the block already referred to, namely, adopting a too general or a too specialistic course in making both a diagnosis and mapping out a line of treatment. Of the two errors I can not help but think that the former is the least objectionable, for it is surprising what a properly selected remedy will do even where local measures seem imperative. Be careful, however, not to make Homœopathy bear the onus of blunders which have unfortunately been heaped upon her, by men whose honesty of purpose hardly compensates for their manifest bad judgment. Not very long ago a prominent specialist related to me an experience of his. An ultra symptomatologist had been treating a patient for three months for a most

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obstinate leucorrhœa. Nothing but the *indicated* remedy had been prescribed, the physician positively *refusing* to make a local examination. Finally, life became unendurable, when the specialist was sought, who soon cured the offensive discharge by removing an exceedingly fetid sponge, which had been saturated with vinegar and placed against the cervix some three months before to control the hæmorrhage incident to a miscarriage. Had the specialist been one of "another faith" instead of the homœopathic, the farce would have been rolled "as a sweet morsel" under the tongues of our "regular" *confreres*. Your mistake would be equally as egregious were you to punish the poor cervix with local applications for a discharge caused by anæmia, chlorosis, or any other constitutional bias.

When a female *patient* consults you for some sexual disease, after ascertaining her name, age, nationality and residence, inquire carefully into the family history. After ascertaining whether, or not, there is any hereditary predisposition to a particular disease, then learn of her occupation. Ascertain whether, or not, the vocation which she is following is likely to induce any female disease. It is a well-known fact, for example, that running a sewing machine is responsible for many affections of women. Uterine displacements, ovaritis, and even peritonitis, can frequently be traced to this cause. Likewise, shop girls, from long-continued standing, or, school girls, from climbing up and down successive flights of stairs, become victims of the same disorders. These and similar clues are to be taken for what they are worth, and added to or substracted from the sum total of evidence before a final conclusion is reached. If married, inquire carefully into the marital history. Learn the time of marriage, the number of children, if any, and the nature of the labors,—whether instrumental or not, the duration of the puerperal state, etc. This will give you a clue as to the possibility of a laceration of the cervix or the perinæum. Should there be a history of one or more miscarriages, you would be equally justified in suspecting subinvolution of the uterus. Dyspareunia, or painful sexual intercourse, will lead you to look for a number of lesions; in fact, almost every lesion of the female pelvic and sexual organs gives rise to this painful symptom, although the patient will not complain of it unless

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you question her directly upon the subject. The character of the pain during the sexual act will also afford evidence as to whether, or not, the ovary is involved.

Next will come an inquiry into the menstrual functions, the character—quantity, quality, painfulness and duration of the flow—being of the first importance. Of no less importance, however, is the time of the last occurrence of the function, for it would be not a little embarrassing to introduce a sound into a pregnant uterus, thus unwittingly inducing an abortion. I have already cautioned you upon this point. A physician is justified in an accident of this kind only when the patient or her friends intentionally or otherwise misrepresent the facts, and then he is inexcusable after the first few weeks of gestation.

The character of the pain, its seat and time of occurrence, are all significant questions. When there are chills, ascertain whether they are of an erratic nature or characterized by the element of periodicity. Nor should the eliminative functions of the body be overlooked. The secretion and excretion of urine, the condition of the bowels, etc., must be carefully inquired into and cognizance taken of any irregularity sufficient to attract attention.

Our neuro-pathologists have succeeded in connecting a large array of disorders, formerly considered as independent maladies, with lesions of the sexual system. An obstinate dyspepsia occuring in an hysterical woman or young girl, especially if associated with belching, loss of appetite and nausea, is very apt to be the result of some ovarian affection. As we shall see later on, both uterine and ovarian lesions are capable of causing all sorts of nervous and hysterical phenomena. You will frequently be rewarded in looking to these organs when cephalalgia, the various forms of neuralgiae, especially intercostal and mammary, become persistent and prominent symptoms. The profound manner in which these lesions will react upon the system is further shown by temporary and, sometimes, permanent paralysis; cutaneous eruptions, eczema, chloasma, acne, are likewise not unfrequent symptoms.

When you have thus thoroughly catechised your patient (though she should be permitted to tell as much of her history as she will before direct questions are asked), you will be able

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to not only form some idea of the pathology of the case, but also of the appropriate and necessary treatment. You must at the same time decide as to the necessity and propriety of making a local examination. No more specific rules than I have already enumerated can be given in deciding the latter question, always remembering that where the case is not an urgent one, it is better to endeavor to accomplish the desired result without subjecting the patient to what must necessarily be an unpleasant ordeal, especially if she be a young girl or an unmarried woman. On the other hand, do not let a false modesty keep you from going to the bottom, where either your reputation or the patient's safety is hanging in the balance. You are almost duty-bound, indeed patients are rarely satisfied with anything else, to make a most thorough and complete examination when the case is sent to you by another physician, or comes any great distance to consult you. Any thing less than this would be an injustice to both yourselves and your patient. We are now ready to proceed with our subject proper.

[TO BE CONTINUED.]

House-cleaning is the order of the day at the college and hospital building. Several desirable changes are being made, and a new dispensary has been built.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.

This publication, embracing every drug that, in deliberate proving or clear cases of poisoning, has shown its power to impress the healthy human organism in definite ways, so as to become useful under the application of the homœopathic principle, will be pushed forward to completion as rapidly as the research and critical care necessary will admit. When the four volumes are finished, they will exhibit the story told by each drug, as to its power to vary the health conditions of man from the normal standard, aside from theories and all doubts as to truthfulness. The rules agreed upon by the American Institute of Homœopathy and the British Homœopathic Medical Society for editorial guidance, in the preparation of the Cyclopædia, are being carefully followed. The offer made by the American Institute, through its treasurer, to those subscribing for single volumes or the entire work, is more favorable than can be had by individuals even from the publishers in London. J. P. DAKE, M. D., American Editor.

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CLINIQUE.

SOME CLINICAL HINTS CONCERNING HEADACHE.

FROM THE OLDER GERMAN PHYSICIANS.

ACONITE.—Aconite often relieves the most violent pain when the patient lies as if unconscious, sometimes chokes, moans and complains, thinks he is going to die; every noise or motion is unbearable, pulse irregular, even intermittent, especially when the headache is of a pulsating, stabbing character, or pinching, right above the nose; it is much aggravated from hearing others talk. Also useful in catarrhal headache, with discharge from the nose, roaring in the ears, pain in the bowels; also when there is a sensation as if a bullet were flying around in the head, causing a cold draft in it.

The catarrhal headache of aconite is better in the open air and worse from talking.

For migraine, with violent *stitching boring* pain above the *left* eye, with nausea, vomiting, worse from a jar, give aconite, in a few hours following it by sulphur. [Hering].

Aconite is adapted to headaches of a congestive or inflamatory nature when the patient suffers from a sensation of fulness and tension, as if a band were drawn tightly around the head, thus resembling Belladonna, China, Mercurius and Sulphur. [Black].

AGARICUS MUSC. Agaricus is indicated in nervous and congestive headaches, where there is pressure, sleepiness, frequent and violent yawning, muscular relaxation and weariness, soreness over the entire body, backache, and a sensation as if the joints were out of place.

ARNICA MONT. Case. A man, aged 35 years, received a knock upon the head, and suffered from the following symptoms which grew worse steadily: Pressing pain in the forehead; painful, dull pressure upon the margin of the right orbit; heat in the head while the rest of the body was cool; aggravation of the pain from eating; heat in the face; roaring in the ears; contracted pupils; nausea in the morning; dislikes tobacco smoke; desire to go to stool frequent, but the effort is ineffectual; anxious dreams; considerable fever in the late

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evening; complaining, disagreeable mood.—After Arnica, 6th dil., all the symptoms disappeared within two days. [Baudis.]

ARSENIC. According to Tietzer, it is indicated in hemicrania occurring in persons who give evidence of plethora abdominalis, where the entire appearance of patients leads one to suspect liver-trouble, and bilious colic alternates with migraine.

The pain itself is vague, the patient scarcely ever being able to describe it with exactness. Usually the headache is *beating, tearing, pressive, stupefying*, is more likely to be confined to the forehead, with great sensitiveness of the head to the open air. The patient can find no rest anywhere; he is obliged to keep the head and feet constantly "on the go," fancying that this gives him relief. Patient feels very weak, thinks he is going to die, looks as if he were bloated, is chilly, seeks the warmth of the stove. Relief from covering the head with warm cloths and from pressure. [Allg. Hom. Zeitg.]

Arsenic, in the treatment of headache, is useful in emaciated persons suffering from affections of the heart or digestive apparatus. The writer saw excellent results in the case of a woman who had for twenty years suffered from migraine, attacks of which usually lasted three days, the patient during that time lying unconscious and vomiting violently. [Black.]

Arsenic causes beating, tearing pains, worse in the warm room, and better in the open air. [Hering.]

ASARUM EUROPÆUM. Case. A young lady, robust and full of blood, had for several years suffered from the following: Sharp pain over the *left* eye, with discharge of tears from it; cannot read on account of it; bright light unbearable; the sides of the head are painful externally; cannot dress the hair, on account of the pain caused by it. If the attack is severe, both eyes are painful and she experiences sickness at the stomach. Constipation. Menstruation normal. The attacks more frequently precede or follow menstruation.—Cured by Asarum 200th, given during the intervals. [Gross.]

AURUM. I have often permanently removed by Aurum a roaring and rushing in the head, which is found in hysterical women, and undoubtedly due to disturbances in the uterine

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sphere, and have at the same time improved the entire condition. [Hartmann.]

BELLADONNA. Belladonna is adapted to headaches where there is present pressure, fulness, heat in the head, flashes of redness in the face, cold feet, roaring in the ears, partial deafness, and dilatation of pupils. It is adapted to persons predisposed to active congestion, to plethoric persons of a sanguine temperament, with great excitability of the uterine system, to scrofulous children who do not walk well and have a tendency to convulsions. [Black.]

Several forms of headache have been cured by Belladonna. Sometimes, after taking cold, there was visible evidence of a rush of blood to the brain; a purple, swollen countenance, pulsating carotids, and a pain in the head as if it would burst. Again, the face was pale, cold, and there was a dull, unbearable pressure in the brain, as if it were cramped for room in the cranium. Vomiting quite often exists. [Heichelkeim.]

According to Tietzer, Belladonna is indicated under the following conditions: The characteristic one-sided pain in the superciliary region, extending downward into the orbit and nasal bones, with increased lachrymation; the pain is *pressing* in the forehead and eyes, and there is often a feeling as if the parts were being pressed apart. Every *movement* of the *head* and *eyes increases* the pain to a point of absolute anguish, especially when the eyes are exposed to bright light; in the same manner every noise and and walking-about aggravates the pain. The eye itself is often blood-shot, and there is much lachrymation. Stomach troubles, pressure, nausea, regurgitations, even vomiting, appear sympathetically. Tietzer says that Belladonna can only palliate, but not cure, cases where headache is secondary, based upon primary gastric disturbances. [Allg. Hom. Zeitg.]

Belladonna cures when the head is sensitive externally, the bloodvessels of head and hand congested, there is a swimming sensation in the head, roaring before the ears, darkness before the eyes, with the most violent one-sided headache, extending into the eyes and nose, with pressing, explosive, undulating, swaying sensations, worse from each motion, turning of the eyes, noise, jar, attempts to walk. With every step and

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with going up-stairs it jerks and snaps in the head and forehead.

Pains coming on every afternoon, continuing until midnight, worse in the warm bed. Pains commencing very lightly, running into a stitch involving one-half of the head, so intense and deep that consciousness is lost. [Hygea.]

Cases. A man, aet 56 years, of medium height, phlegmatic temperament, after taking a severe cold, has had for twenty years each Friday a right-sided severe headache. The pain is pressing from within outward, tensive, with vertigo and weakness of memory; it continues for 24 hours, with redness and heat of the face, appearance of the face as if "puffed-up"; stitching pain in the canthi of eye; acrid, watery discharge from the eye, photophobia, etc. Cured by giving for some time Belladonna ^{30} every Thursday. Nux had been ineffectually used. [Schubert.]

Case. A girl, aet 17 years, has suffered for years from a nervous headache, commencing in the morning, growing worse until noon, and lessening in the evening, with bitter vomiting, violent pressure on the vertex and temples, dizziness when raising or moving the head, coldness of hands and feet, congestion to the head, heat and redness of the face. Cured by two doses of Belladonna ^{30}. [Knorre.]

Case. A full-blooded, sanguine young man, aet 19 years, who for the past three years has suffered from spasmodic jerking, has not been able, for four weeks, to leave the bed on account of violent beating and stitching pains in the forehead and occiput, with great heat in the head, vertigo (increased by motion), ringing in the ears, heaviness in the arms, fulness of the superficial veins, staring appearance of the eyes with unsteadiness of the pupils, and gastric derangement. Cured by Belladonna ^{2}, one dose every two hours. [Noack.]

Case. A girl, aet 25 years, has for eight years suffered from periodic headaches. Almost every 8th day she is taken with shivering along the back and shoulders, violent nausea, vomiting, etc., with severe pressing and tearing pain throughout the head, especially in the frontal region, which becomes unbearable from the slightest motion of the body or of the eyes; the bed seems too hard; absolute quiet alone affords some relief.

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The pain then extends into the forehead, the forehead feels intensely hot, and the nasal bones become sore to touch. Must lie in the dark, since every bit of light irritates the eyes and aggravates the pain. The body feels bruised; there is tumultuous action of the heart and every beat of the pulse is painfully felt in the head. [Hartmann.]

BRYONIA. The head-symptoms of Bryonia, together with its physiological action in other parts of the system, point to changes and disturbances in the sensorium and in the functions of several cranial nerves of the nature of a true hemicrania. It is in this respect closely related to Colocynthis and Nux vom. Under Colocynth, however, the motory nerves of the face are not affected; under Bryonia those branches of the superior facial nerve which supply the temporal and maxillary region are not unfrequently affected. [Oester. Zeitschrift.]

Bryonia is adapted to headache involving the frontal and temporal region, *pressing*, crowding from within outward, as if the head would burst, with sharp stitches so violent that the patient screams, caused by cerebral congestion, and aggravated by stooping. motion of head, coughing and sneezing. [Knorre.]

Bryonia is the remedy when the pain is on one side of the anterior portion of the head, and extends to the neck, arms, face, becoming more of a "beating" pain as it increases in severity. In such cases it may act well in alternation with Alumen. [Black.]

Bryonia relieves the burning or pressing pains, with a feeling, when stooping, as if the contents of the cranium were being crowded out of the forehead, worse from walking, better from pressing with the hands or bandage; or a more external "tearing," running into the face and temples, or pressing, digging pain in small spots, especially in rheumatic persons.and those of an angry, irascible disposition. [Hygea.]

Case. A woman, aet 30 years, very sensitive and easily frightened; menstruation formerly irregular, often too copious, now normal; has for a long time suffered from violent headaches, particularly after being subjected to depressing influences. The headache commences in the morning, when awaking, increases during the day, and in the evening reaches such a degree of intensity that she becomes actually wild with unbear-

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able pain. Pain of a pressing-together character, involving the entire upper part of the cranium; eyes dull, glassy, small, cannot be opened on account of the pain, can bear no noise or light. With it angry, quarrelsome, stubborn. In the afternoon palpitation of the heart, dyspnœa, nausea, empty eructations. If she can get sleep during the night, she feels better on the following day; but if fever occurs, she is for several days confined to the bed. Cured by Bryonia 3. [M. Mueller.]

Case. A tailor, aet 44 years, of delicate physique, with the appearance of one suffering from some intestinal derangement, in his early youth had a fall, striking on the head, and since then had periodical attacks of pain in the right side of the head. The pain usually appeared at a change of weather, and often was so severe that he fainted.

Symptoms. Violent headache confined to a small spot on the vertex, stitching, with a sensation as if the coronal suture were being pressed apart, and as if a current of air were passing through the hair. Dizziness, visual disturbances. Lachrymation, photophobia, loss of appetite, white coating on the tongue. Feeling of heaviness in the abdomen. Constipation. Urine turbid. Drawing pain in the joints, without swelling or redness. Emaciation, pallor of the countenance, mental depression. Despondent. Pulse slow and soft; during an attack more frequent and rather hard. For six weeks he received allœopathic treatment, consisting of all sorts of medicine. Three grains of the root of Bryonia, triturated in half a drachm each of sugar and of pulverized oyster-shell, divided in six parts, one to be taken in the morning and one in the evening. A very severe aggravation occurred after taking the second powder; on the following day the pain had disappeared, and did not return. [Oester. Zeitschr.]

CALCAREA CARBON. Weight and pressure in the forehead, obliging him to keep his eyes closed; headache from reading and writing; boring in the forehead as if the head would burst; pulsating pain in the occiput; throbbing in the centre of the brain; hammering headache after walking in the open air, forcing him to lie down; headache and buzzing in the head, with heat in the cheeks; icy coldness in the right side of the head; *nightly sweating* of the head. [Hahnemann.]

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Calcarea in its effects resembles Belladonna, especially where complaint is made of heaviness, fulness, pressure, and heat in the face. Violent pressing pain above the eyes, with trembling of the lower eyelids, strongly call for its use, especially so when the patient awakens in the morning stupid and unrefreshed and there is a tendency to nervousness. [Black.]

Calcarea carb., according to Tietzer, is next in importance to Sepia in the treatment of migraine, especially in persons who are predisposed to affections of the reproductive system and are of a scrofulous habit. The pain is a *dull pressure* in the *vertex*, running into the forehead, or a *drawing* pain in the forehead, with coldness in it and nausea, *brought* on or *aggravated in the open air.*

Tearing pain in the right *frontal* region with *great sensitiveness to touch.* Beating and throbbing in the centre of the brain. The headache usually involves the *right* side, and seems to spread in streaks. With it, hiccough, nausea, vomiting, and profuse menstruation. [Allg. Hom. Zeitg.]

Case. A girl, aet 23 years, has had migraine for two years. As a child she was scrofulous; menstruated at the age of twelve years, but only a trifle and at intervals of six weeks.

Symptoms. Head feels stupid; boring pain in the forehead, as if the head would burst. In the *open* air, hammering headache, which forces *her to lie* down. Buzzing in the head, with heat in the face; falling out of hair. Flocks before the eyes, vision dull, especially when reading. Tendency to diarrhœa. During menstruation, colic, pain in the back, frequent awaking at night, inclination to weep, despondency. Cured by Calcarea carb. 30. [Schrœter.]

Case. A young girl, aet 21 years, of graceful figure, quiet, sensitive, who menstruates every three weeks, with preceding swelling and tenderness of the breasts and leucorrhœa, suffered for several weeks from beating, pulsating frontal headache, with internal heat of the head and a feeling as if it would burst; this begins every afternoon, growing worse in the evening. The blood rushes to the face, the cheeks are scarlet, spotted; when sleeping, noisy, almost snoring, breathing. Permanently cured by Calc. carb. 30. [Hygea.]

CAMPHORA. This is the only remedy offering the symptom

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of *beating pain in the* cerebellum, synchronous with the heart-beat. [Rueckert.]

Case. A woman, aet 36 years, whose cerebellum was very largely developed, had: beating in the cerebellum as with a hammer; pulse excited and synchronous with the hammering in the cerebellum. Countenance hot and almost scarlet. One to two drops of a ten per cent. solution of camphor every five minutes cured her within an hour.

Case. A woman aet 19 years, had: pulsating, beating in the cerebellum, synchronous with the pulse-beat. Camphor one drop every ten minutes, cured her in a few hours.

MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.

[CONTINUED.]

CARL VON BŒNNINGHAUSEN, Doctor, Counselor, and Director of the Botanical Gardens, lives at Muenster and has just entered upon his 84th year. (1863, Translator.) As early as 1825 this close student of the natural sciences turned his inquiries in the direction of homœopathy, somewhat later took his degree as Doctor of Medicine, and, as we understand, earned his first laurels as a medical man by his successful treatment of the cholera. From the year 1832 we meet him suddenly, introduced to public attention by Hahnemann himself, in the ranks of homœopathic writers, among whom he has been to this day a most conspicuous figure by the publication of several finished, lucid works which have circulated extensively even among the non-professional public, and by a large number of exceedingly valuable journal articles.

The following deserve particular mention:

The cure and preventive treatment of cholera, based upon Hahnemann's latest correspondence with the author. (1 vol.) Muenster, 1831.

Repertory of the antipsoric remedies, with a preface by Hahnemann concerning the repetition of the dose of an homœopathic remedy. Muenster, 1832. (A second edition in 1835 containing also a repertory of the non-antipsoric remedies.)

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Attempt to formulate an homœopathic therapie for intermittent fever, primarily for the benefit of beginners. Muenster, 1833.

Contribution to the knowledge of the characteristics of homœopathic remedies. (2nd ed.) Muenster, 1883.

Homœopathy; text-book for the non-professional public. Muenster, 1834.

Homœopathic diet and the scheme of a complete picture of disease. For the non-professional public. (2nd ed.) Muenster, 1833.

A study of the principal properties of antipsoric remedies, and of their characteristic peculiarities, as an appendix to the repertory. Muenster, 1833.

An essay concerning the relationship of homœopathic remedies. Muenster, 1836.

Therapeutic pocket book for homœopathic physicians, for use at the bedside and in the study of the materia medica pura. Muenster, 1846.

A brief exposition, for the non-professional public, of the prevention and the treatment of cholera, published in obedience to resolutions of the Society of the Rhenish homœopathic physicians, August 19th, 1849.

According to the latest reports, he has completed another work in which he quotes, and comments upon, those passages in the writings of Hippocrates which stand in more intimate connection with the teaching of homœopathy.*

The chief characteristic of the different essays published in the journals, most of them in the Allg. Hom. Zeitg., is the constancy with which they make good the advantages and the claims of the high potencies, now in their support furnishing close scientific data, and again the most brilliant clinical evidence, entering at the same time most thoroughly into a discussion of the newer valuable remedies (like Apis, Aluminium, etc.) The essay in Vol. I, No. 2, p. 36 of the "New Archiv" is of historic value. It is based directly upon the experience of Hering, and it must be considered the tiralleur of that cam-

* This quite extensive and interesting work was actually published under the following title: "The aphorisms of Hippocrates, with comments by an homœopath. Edited by C. von Bœnninghausen. Leipzig, 1863." H. R. A.

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paign which was waged with so much spirit and brilliancy by Bœnninghausen and Hering against Griesselich and the Leipzig-faction. After a long period of silence there appear again from his pen: Typhoid fever and high potencies (Allg. Hom. Zeitg., vol. 47, No. 8.) Traumatic diseases and high potencies in the treatment of the same, (A. H. Z., vol. 48, Nos. 6 and 7.) Concerning Borax, (A. H. Z., vol. 53, No. 8,) in which, fully agreeing with Hering, he attaches the greatest importance to those symptoms which are last in making their appearance, and describes them as especially marked when occurring under the very high potencies, etc., etc. En passant, it may be said that he almost wholly depends upon the 200th potency.

If we are not greatly mistaken, it was in the year 1846 when he called the first annual convention of the homœopathic physicians of Westphalia and of the Rhenish countries, an undertaking which is especially praiseworthy because it brought about a closer and more active intercourse, both verbal and by letter, with the French, Hollandish and Belgian homœopaths.

Since he, from the year 1828, was a personal acquaintance of Hahnemann, and since the friendly intercourse between the two was not disturbed by the latter's emigration to France, it was through Bœnninghausen that the profession first knew that the venerable sage had not only prepared and in readiness for press a sixth, materially improved and complete, edition of the "Organon," but had really commenced the work of publication. In the same manner it was later learned through him that Hahnemann's widow had taken possession of the entire work, even of the printed forms, and could not be induced to publish the manuscript.

It can be imagined what pleasure it must have been to the old man of seventy-eight, still in the full possession of intel lectual and bodily vigor, to learn in the early April of 1863 that his son, an homœopathic practitioner in Paris, by his marriage to a niece of Mad. Hahnemann, had not only come into the possession of this manuscript, but of all the other writings of Hahnemann, amounting in all to some eight volumes.

FROM THE ORGANIZATION OF THE CENTRAL ASSOCIATION TO THE DEDICATION OF THE MONUMENT AT LEPZIG.

Before discussing the exceedingly bitter and often more

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personal then scientific controversies which agitated during this epoch the homœopathic school, attention must again be called to the fact that even at the time the "Archiv" was founded, two factions already existed: the strict Hahnemannians, represented by Stapf and Gross, and the liberal homœopaths, led by Mueller. The former unconditionally demanded the recognition of the supremacy of homœopathy: the latter asked in behalf of homœopathy, as a most valuable method of cure, equality before the law, or even only toleration, and pointed out that it had been the means of making a gigantic stride forward in medical science, which, if both the old and new method of cure were permitted to work side by side, would finally pave the way for the discovery of the common origin of both methods, consequently lead to a union of both on a basis of scientific prinples held in common. We must also bear in mind that Mueller (whom Wunderlich in his History of Medicine calls one of the most respectable but not bigoted members of the sect) had given the first impetus to the movement with which he was identified merely as a note of warning that the broader interests of humanity should not be left out of consideration in attempting to advance the welfare of the new doctrine which at the time was neither satisfactorily taught nor always correctly understood, and that he had thus endeavored to so arrange that allopathy and antipathy might be used as substitutes in cases where homœopathy was still lacking the necessary proof of its reliability. As early as the year 1830 he declared that liberal homœopathy was an evil which at first was unavoidable.

Although this opposition from the very first moment of its existence was to Hahnemann a thorn in the side, he saw the necessity of exercising a spirit of almost patriarchal leniency, partly because he was fully aware of the many weak points in his teaching, but also because he well knew how to place a proper estimate upon Mueller's unceasing and remarkably successful labors in the interests of homœopathy. But the situation assumed an entirely different aspect after the "Chronic Diseases" and the Homœopathic Hospital at Leipzig had seen the light of day. Insinuation upon insinuation concerning the local society at Leipzig and this hospital had been spread, and the falsely informed master considered it high time to pronounce

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judgement to uproot, once for all, the opposition in the birthplace of the new doctrine.

History has long since determined that the master, even if in the right, should have availed himself of other means and methods than those employed; he should have remembered that he was addressing himself to those of his household, not to enemies; that he was dealing with old adherents to whom he was under obligation; and besides, he should have remembered that Mueller's opposition, which was ever couched in respectful and affectionate language, and which was confined to the pages of the "Archiv," (for which, as for the majority of other journals, he had after much effort found a publisher) was undoubtedly at the time largely justified, and that it was not aimed at himself.

Unfortunately, however, as we shall see, his attack was made without scientific or personal considerations. It was made publicly, and afforded not only to the enemies of homœopathy weapons whose edges will ever remain keen (Wunderlich, p. 281. A perfect abyss of filth, small talk and intrigue constitutes from that time on the immediate history of homœopathy in Saxony), but furnished them also to the specificists in their fight against the purists. As a matter of course, the hospital at Leipzig, upon which at that time the eyes of all Germany were fastened in closest interest, was injured most keenly, for that happened which at first seemed least probable. The unjustifiable interdict seemed to fall like a pall, imperceptibly but disastrously, upon this institution. Even a few months of its existence showed that the readiness to make sacrifices which had been an universal impulse threatened to fade into an open decline, and it consequently only needed that unfortunate and undeserved chain of untoward events, coming blow upon blow, to bring about those results which intrigues would have caused more slowly but none the less dishonorably.

Since this quarrel, of which our opponents have drawn an exhaustless mine of material, and which has been grossly misrepresented by them, on account of its long-lasting effects, dare not be slighted, and since it is impossible to separate the so-called party of opposition from the fate of the hospital itself, we propose to draw from Moritz Mueller's "Contribution to the

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History of Homœopathy, Leipzig, 1837," a work whose veracity and reliability cannot for a moment be called into question. We shall, however, first briefly acquaint the reader with the existing state of affairs.

The great jubilee-meeting at Cœthen, August 10th, 1825, left about a thousand dollars of the expense fund which Stapf, Rummel and Muehlenbein had collected; it was resolved to use this amount for the advancement of homœopathy; the Central Society, and especially the efforts of Rummel and Muehlenbein, as treasurers, had by July 1832, increased the amount to three thousand five hundred dollars.* Schweikert was constantly busy to prevent this money remaining idle, and knowing that as one of the directors of the Central Society he could, with the assistance of his Leipzig colleagues ,exert a considerable influence, he made the proposition to suggest at the approaching meeting of the Society that the amount should be used in the early erection of an homœopathic hospital at Leipzig.† The profession at Leipzig considered it very desirable to carry out this project, but not one of them was inclined to accept the position of physician-in-chief. At this, Schweikert declared himself willing to accept this office without compensation, and to move from Grimma (which he intended to leave anyhow) to Leipzig, provided the Leipzig physicians, and especially Mueller, would render him all the assistance in their power. The first part of the proposition was accepted, assurances of the latter were given, and steps were taken to prevent the matter to the Central Society.

Closely connected with the hospital-project, says Mueller, was the eventual organization, so long contemplated by myself and others, of the General Homœopathic Society. I believe this was also embraced in the proposition by Schweikert, who was then one of the directors of the "Central." Schweikert and the local Society at Leipzig appointed me to elaborate the necessary plans. I discharged this duty, and after presenting several plans and making the changes which it seemed best to make, there was had the sanction of the local society and the

* The old German dollar is equivalent to about 85 cents of American money

† The writer does not know whether, or not, Schweikert did this with the knowledge and sanction of Hahnemann.

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resolution to submit the matter to the action of the Central.

Two or three days before the meeting of the Central Society the resident members of the Leipzig Society, acting upon the suggestion of Franz, concluded to vote for Schweikert as director for the ensuing year, thus to facilitate carrying out the hospital-project.

A general convention took place on August 10th. It sanctioned the constitution and by-laws (in which, at the suggestion of the general convention, several changes were still made, so that it did not pass into the hands of the printer until November 10th), and the founding of an hospital at Leipzig. In accordance to the by-laws, the board of directors (for the ensuing year) of the General Convention were authorized to superintend the starting of the hospital and to select among the leading physicians one or more as its medical staff. The nomination to this position was left to the resident directors of the society upon the special motion of the convention itself or of the board of directors.

The constitution itself was democratic, aiming to peacefully unite both factions. Every friend of homœopathy became a member by giving proof in some way of his interest in its welfare. Every physician who was a member had the right to vote on medical questions. Of exclusive homœopathic practice as little was said as heretofore. It had never occurred to the writer of the constitution and by-laws that Hahnemann expected to embrace in this society only those physicians who were exclusively homœopathic. Had not Hahnemann, three years previous, at the organization of the General Homœopathic Convention refused his coöperation in any shape? And had not all who later called themselves his "pure" disciples, sanctioned the draft without raising an objection, and voted to make it a law?

The law-making power was vested wholly in the hands of the general convention which was to meet once a year, on the tenth day of August. It alone could change the by-laws, make new laws, unmake existing laws. The executive function was vested in a board of directors of fourteen persons. One of their number acted as president of the Society, and he was in all things bound to abide by the vote of the majority of the board.

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The members of the board of directors, and hence the president of the Society, could only be elected annually at the general meeting of the Society, on August 10th. The out-going president by virtue of his office remained for the following year a member of the board of directors as ex-director and vice-president.

At the election of members of the board of directors, which was held during the session of the general convention, the desire of the members of the Leipzig society to secure Schweikert's election to the presidency miscarried, because either those from a distance, who were numerically the stronger, had not been informed of this wish or because they held that the person who had been selected for the hospital superintendent could not conveniently at the same time be president of the society. The majority of votes called me to the presidency, while I am sure that the members of the Leipzig society had voted for Schweikert. Had this result been anticipated, and had I been requested to decline this election in case it should fall upon me, I should have done so, just as I cheerfully pledged myself to vote for Schweikert. My acceptance implied no breach of faith, and it did not at that time appear to me an obstacle in the way of starting an hospital if the physician selected for the hospital-superintendency was not also the president of the society. The other members of the board of directors were Schweikert, Stapf, Gross, Rummell, Muehlenbein, Hartlandson, Rœhl, Wolf, Trinks, and of the Leipzig physicians, Hartmann, Haubold, Franz and Schubert.

As president of the society I secured within four weeks the permission of the government of Saxony for the erection of an homœopathic hospital out of private funds, certain promises from the city government, and soon after, and with the efficient help of Haubold, an appropriate building and the necessary furniture. On October 27, seventy-eight days after the tenth day of August, in order to insure the opening of the hospital with the New Year, I was able to call together the resident directors in order to formally nominate the candidates for the hospital positions and then to have the full board select from them a superintendent. I proposed Schweikert as the right man for the position, and the others present, Hartmann, Haubold, and

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Franz, coincided with me. I appointed the opening of the ballots and the publication of the result of the election for November 10th. After we had risen to adjourn, it occurred to D. Haubold, at that time Schweikert's most intimate friend, to propose me as a candidate, the others concurring. Since it was a notorious fact that the Leipzig physicians for three months had been a unit in advocating the election of Schweikert; since the other members of the board had for two months and a half been informed of this fact and concurred with it; since we then in nominating candidates were merely going through with a certain legal formality, this proposition seemed to me a mere courtesy, and at the same time a matter of satisfaction to Hahnemann who had asked me to become a candidate, and from whom I had exacted the promise that he would not nominate me for the medical superintendency of the hospital. And since Schweikert had particularly expressed a wish for my aid in teaching, securing my pledge to that effect, I had no hesitancy to allow this last proposition to be spread upon the minutes, with the qualification on my part that I would not accept the position and considered the matter a mere formality. I did all this, not knowing what had just taken place at Cœthen, and wholly unconscious that I was suspected of an itching for the hospital superintendency. Under each copy of the proceedings which was sent to the distant members, i. e., Stapf, Gross, Wolf, Trinks, Rummel, Muehlenbein, Hartland and Rœhl, to elect the superintendent, I wrote with my own hand that I would not accept the position and that Schweikert was the only man for it. Since it was not to be assumed that Schweikert would vote for himself, and since I did not know that he considered me his rival, this postscript, so far as I know, was not added to the copy sent to Schweikert.

Two days before this, Haubold had privately communicated me Schweikert's secret wish that the president of the society might allow him, as hospital superintendent, the yearly salary of two hundred dollars. In the first flush of enthusiasm, Schweikert had offered to assume the management of the hospital without any remuneration; with equal enthusiasm, the general convention had voted on Aug. 10th that the hospital physicians should act without salary. (No one knew the expenses of the

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institution, and it was thought that the funds on hand would not be sufficient for a year.) I here showed my lack of knowledge of the world and of men, as well as of executive ability, by refusing this request on the plea that I had no authority to grant it. It is true, I was not authorized, but I have probably, before and afterward, exceeded my powers as much as a dozen times when I considered it necessary, confident, as was always the case, that the majority of the board would in due time sanction my actions. I had then as yet failed to realize that Schweikert had lost his desire to act without salary, and that the resolution to employ unsalaried officials would sooner or later be reconsidered as wholly impracticable.

The majority of distant members of the board had already sent me their vote and I could already calculate that Schweikert's election would be unanimous, when there appeared, unexpectedly, on the morning of November 3d in the Leipzig Daily Journal a communication from Hahnemann, dated October, 23d, in which those homœopathic physicians of Leipzig who did not exclusively practice homœopathy (Mueller, Hartmann, Haubold), without being mentioned by name, were denounced as silly confounders of homœopathy and allopathy,* as immoral scum of humanity, who aimed to become teachers in the new hospital and thus to imperil the new doctrine.

SOCIETIES.

EDITOR MEDICAL COUNSELOR:—Will you kindly notice the coming meeting of the Homœopathic Medical Society of the State of New York at Niagara Falls, September 7 and 8, 1886?

Those who attend will be well repaid, as a profitable and enjoyable meeting is expected. The headquarters will be at the Cataract House, where the rates have been reduced to $3.00 per day.

Special arrangements have been secured from all the leading railroads whereby those in attendance can have a return ticket at half-fare.

* The German phrase used is difficult of translation; literally, it means people who mix up homœopathy and allopathy, (i. e. "mongrels").

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President Houghton will deliver the annual address on Tuesday evening, choosing for his subject "The Medical Ethics of the Use and Abuse of Alcohol."

A cordial welcome will be extended to all.

Yours very truly,

HERBERT M. DAYFOOT.

NEW YORK, Aug. 1, 1886.

DEAR DOCTOR:—At the late meeting of the American Institute of Homœopathy, at Saratoga, the treasurer was instructed to continue the subscription for 400 copies of the Cyclopædia of Drug Pathogenesy, to the close of that publication, and to take subscriptions from the members of the Institute for single volumes or for the three volumes necessary to make a full set.

In accordance with such instructions I would now give notice, that I am ready to receive subscriptions, accompanied with the money, on the following terms:

For Volume II, in Four Numbers	$ 2 80
For Volumes II, III and IV, Four Numbers, each	8 40
For the Entire Work, Four Large Volumes	11 00

The numbers will be mailed from London, as heretofore, as fast as printed, to the address of each subscriber, without charge for postage.

Subscribers for Vol. I. will shortly receive Part 4, if not already in hand when this circular comes.

Send the money in draft on New York or in postal order to Yours truly,

E. M. KELLOGG, M. D., Treasurer,
217 West 42d St.

STRAWS.

EPIDEMIC HEMERALOPIA.—Night-blindness is a symptom met with in many affections of the fundus of the eye, and especially in pigmentary retinitis; but it is also met with as an epidemic condition, especially among soldiers. M. Laveran relates that an epidemic of this sort, occuring at Besancon in the spring of 1855, was so severe that it was found necessary to send out parties every day at sunset to lead back to the barracks those who had been overtaken at nightfall and were unable to find their way. The disease never affects officers or those subalterns who

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enjoy a relative degree of comfort, such as musicians, but attacks chiefly the common soldiers. It has been supposed that hemeralopia was due to the effect of bright sunlight, or of the reflection from snow or sand; others have attributed it to the sudden lowering of temperature at sundown, and others again have regarded the symptom as an expression of latent scurvy. It has recently been asserted that night-blindness is caused by fatigue of the retina, but this does not account for the fact that certain classes only are attacked, and that others who make no less use of their eyes are exempt. M. Laveran classes it among the diseases of alimentation, and thinks it is caused by a deficient supply of animal and fatty foods. Dr. Eugène Martel, in an article of which this is an abstract, published in the *Revue Internationale des Sciences Médicales* of January 31, 1886, says that he has never found any constant changes on ophthalmoscopical examination; there may be a serous infiltration of the retina, a spasmodic contraction of the arteries, venous congestion, etc., but no lesions of such frequent occurrence as to deserve special mention. Weber has noticed dilatations of the pupil and epiphora, and the connection of these symptoms with night-blindness seems to be a pretty constant one. Dr. Martel's theory is that epidemic hemeralopia is simply the first stage of sleep, in which the sight is dimmed and the eyelids fall. He says that the affection is observed only in soldiers who are obliged to undergo considerable fatigue, and exposed to the cold, and who receive an insufficient amount of flesh meat in their rations. He relates the case of a man who had attacks of apparent blindness, occurring during the day as well as at night. He could discover nothing abnormal in the fundus of the eye, but, meeting the patient one day in the street, noticed that his eyes were half closed; he could raise the lids perfectly, but did so with a certain effort. Appropriate treatment effected a speedy cure. The results of treatment in hemeralopia also lend some weight to this theory. Cod-liver oil, strychnine, and rest are found sufficient to effect a cure in most cases. The oil removes a condition of inanition, strychnine is a general tonic and muscular excitant, while with rest the patient gets a sufficient amount of sleep and is not troubled with the first unconscious stage of this process at nightfalls. In a recent number of *Vratch*,

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Dr. Roussanoff states that all the inhabitants of a little village of Southern Russia, built upon marshy grounds, suffer every spring from hemeralopia. As soon as they notice the symptom they begin to take cod-liver oil, and the night vision is usually restored in two or three days. Of all the inhabitants of the village treated in this way, for five years in succession, only two have been found who were not cured by the oil.—*Med. Record.*

MEMORANDA.

Mrs. Laura E. Edwards, M. D., (U. of M., '86) has located at Hastings, Neb.

Dr. T. G. Comstock, of St. Louis, Mo,, has received the degree of Ph. D. from the St. Louis University.

Dr. W. E. Milbank, a leading homœopath of Albany, N. Y., has been appointed a member of the N. Y. State Board of Health.

Dr. DeMuth, a graduate of the Hom. Med. Coll. of U. of M., has located at Ypsilanti, Mich. His practice will be limited to diseases of the chest.

Dr. R. C. Rudy, recently appointed resident surgeon to the homœopathic hospital, U. of M., is at present assistant physician at the new sanitarium at Alma, Mich.

Dr. Louis A. Falligant, of Savannah, Ga., one of our most distinguished practitioners in the south, is forced to temporarily retire from practice on account of ill health.

Smokers may enjoy their pipe or cigars without any fear of being poisoned by nicotine, if they will wet the tobacco with the juice of the water-cress, which will completely destroy its deletirious principles, without affecting its aroma.—*N. Y. Medical Times.*

Dr R. Hughes, of England, some weeks ago informed the profession that Bruessels had been abandoned as the place of meeting of the third quinquennial International Convention, and that Basle, Switzerland, had been substituted. The meeting was held on the 3d, 4th and 5th day of August, and, we trust, was a pleasant and successful affair.

The American Institute of Homœopathy, at its recent meeting at Saratoga, N. Y., elected the following officers for the ensuing year: President, F. H. Orme, of Atlanta, Ga.; vice-president, A. R. Wright, of Buffalo, N. Y.; secretary, J. C. Burgher, of Pittsburgh, Pa.; provisional secretary, T. M. Strong, Ward's Island, N. Y.; treasurer, E. M. Kellogg, N. Y.; board of censors, R. B. Rush, of Salem, Ohio; T. F. Smith, of New York; H. P. Clarke, of New Bedford, Mass., R. F. Baker, of Davenport, Ia., Mary Wood, of Erie, Pa. The next annual session of the Institute will be held at Saratoga, N. Y. The entrance fee has been reduced from $5 to $2.

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THE

MEDICAL COUNSELOR

—AND—

MICHIGAN JOURNAL OF HOMŒOPATHY.

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

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EDITORIAL CHAT.

[Dr. Bowditch on "Homœopathy as viewed by a member of the Massachusetts Medical Society.—Continued from issue of August 15.]

QUESTION VI.: "*There are statistics showing that the homœopathic practice is more successful in the treatment of disease than that of the 'old school.' What statistics are there to prove the contrary?*"

ANSWER: Statistics for the purpose indicated are almost worthless. Let us rather "glance over the records of the past seventy or eighty years" and "ask if homœopathy has taken the place that Hahnemann claimed for it when he first proclaimed his views." "Is it to be supposed that the people of Austria, Prussia, Russia and Hungary are so devoid of courage that they would have submitted, without expostulation to the prohibition of homœopathy by the government fifty years or more ago, had they been convinced of its superior life-saving power?" "I can but regard it as a significant fact that in Vienna, where Homœopathy may now be freely practiced, that the Gumpendorfer Hospital, founded forty years ago, still remains a small building, while its neighbor, the Allgemeine Krankenhaus, has increased its holding capacity steadily np to the present time, and now contains some three thousand beds.

COMMENTS: It seems to us that this question is a rather unfortunate one, since a general and well-founded prejudice exists among scientific men to base their belief and deductions upon the evidence of statistics, and Dr. Bowditch is quite justified in pointing out some of the reasons why he cannot be expected

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fairly and satisfactorily to reply to this question. The lecturer, however, does himself no credit when he tacks unto this question matter by no means related to it. A glance at "the records of the past seventy or eighty years" may not show that Homœopathy has accomplished just what its founder expected it to accomplish, for, as we have already intimated, Hahnemann was altogether human, and never, so far as we know, pretended to be an inspired prophet. In the main, however, many of the reforms which Hahnemann foretold as among the beneficent effects of Homœopathy have come to pass. and if Dr. Bowditch takes especial comfort in asking if Homœopathy has produced men like Lister, Keith, Virchow, etc., thus expecting to annihilate the pride of the entire Homœopathic fraternity, he lays himself open to the grave charge of willfully ignoring the fact that this school has been forced to make an exclusive specialty, almost, of materia medica and therapeutics, and in this specialty has produced men who are the peers of Lister, Keith, Virchow, etc. Furthermore, Dr. B. may explain upon any hypothesis he pleases the changes produced in the medical practice of the old school, with the single view of refusing us credit for the changes which we by superior success at the bedside forced upon the "old school," without making good his point; the many editions of Ringer, the writings of Brunton, Phillips, and a host of others, furnish evidence the force of which the entire Massachusetts Medical Society cannot talk away.

Equally unfair and foreign to the subject is the reference here to the people of Austria, Prussia, etc. Dr. B. does not seem to understand that the "dear people" in those countries have very little opportunity to express opinions and preferences. The paternal government takes care of the body quite as rigidly as it cares for the soul of each individual citizen, from the time he is born until he departs this life. There is no question as to the desire of the mass of the Germans for a republican form of government; but were it not for a *very* occasional revolution, Dr. B. might justly argue that each German is ready to die in the defense of an absolute monarchy. The practice of Homœopathy has *never* been prohibited in the countries mentioned, but State-medicine has, and will have for many years to come, absolute

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control of medical matters, particularly of the education of students. Any licensed physician may become an avowed homœopath without forfeiting the rights earned by his compliance with the requirements of the various boards, and it is an historical fact that among the early disciples of Homœopathy there were many military surgeons of excellent standing and high rank, as, for instance, Griesselich and von Graufogl. At the same time, it is in the very nature of things that men educated in State-medicine, fascinated by the brilliant ability in various directions of their teachers, dazzled by world-wide reputation, should be easily prejudiced against a species of teaching of which they have never heard a candid and complete presentation, which to investigate they have no adequate facilities, and the need of which they have never been taught. It is simply the old story of shaping the *tree* by bending the *twig*.

Homœopathy, as a sect, if you please, has had a wonderful growth in America; it cannot, in the very nature of things, have even a moderate growth in the old-world countries. Not because Americans are more learned or more easily duped than are the old-world nations, but in America we have colleges of our own, can take and educate the young, can *bend and train the twig*, while in the old world this task of training and teaching the young is confided exclusively to our bitter and unscrupulous opponents. And it is a fact that old-school teaching is not calculated to give to its students a favorable impression of Homœopathy, or a correct understanding of its principles; in fact, there are those sufficiently ill-natured to maintain that old school professors lack both the intellectual honesty and the necessary knowledge to do this.

QUESTION VII.: "*How does the 'old school' practice explain the action of mercury in syphilis, alum in constipation, arsenic in digestive disorders and some cases of epidemic cholera, and belladonna in pharyngitis, if not according to the laws of the similars?*"

ANSWER: "After reference to the ready admissions by the "old school" that drugs have a double-action, the speaker argues that the main issue is this—are the Homœopaths justified in proclaiming the existence of an absolute law in medicine?

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Further, has every case of recovery been cured by the use of the drug indicated? "Again, can syphilis always be cured by the use of mercury? Will pharyngitis characterized by a dryness and redness of the fauces and pharynx, always yield to belladonna? nay, more, can we say absolutely, in cases of the latter diseases which get well, that they would not have recovered without the use of any drug whatever? In the case of alum, usually an astringent or an irritant, according to its use in small or large doses, in cases of obstinate constipation from lead poisoning, it has not infrequently been found to be an efficient laxative, the reason for which is not satisfactorily explained; or, if you will, its action in health upon the intestines, when given in small doses, is similar to that caused by lead-poisoning; but again, I ask if it is possible to cure every case of colica pictonum by this remedy; also, if we do not often find more effectual remedies than alum for the abdominal symptoms of this disease?

COMMENTS: In view of the fact that "old school" practice is admitted to be nothing more or less than the grossest empiricism, and that the "old school" care comparatively litte whether, or not, they can account for certain effects of drugs under peculiar circumstances, Question VII. appears almost out of place, and even unfair. It is not surprising that the answer given is wholly unsatisfactory, especially in that the lecturer shifts ground, talking of specifics for a pathological condition when the question at issue deals wholly, or *should* deal wholly, with the applicability of a remedy homœopathic to a certain *individual case*. No sane Homœopath ever claimed that mercury cures every case of syphilis, or belladonna every case of "pharyngitis characterized by a dryness and redness of the fauces and pharynx," etc. The one cardinal principal of homœopathy, accepted alike readily by all Homœopathists, high or low, strict Hahnemannians or liberals, so-called, is based upon the particular relation of the remedy to the *individual case in hand*, not to the disease, *per se*, and this is utterly opposed to the idea of specific action as applied to broad pathological conditions. Both the question and the answer are unsatisfactory and really have no particular relation to each other.

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And the question, so far as it goes, is sufficiently "knotty" to create a willingness on the part of the reader to excuse the speaker for getting away from it as far as he can; in this respect Dr. Bowditch has been eminently successful.

QUESTION IX.: "*Why should not a physician, thoroughly educated in medical science, and capable of passing examinations required for a degree at any of the so-called "regular" colleges, or for admission into the State Society, be recognized by those societies and the profession at large?*"

ANSWER: "In signing the constitution of the Massachusetts Medical Society every candidate for membership is obliged before receiving the privileges of the Society, to agree, among others, to the following article, worded to this effect: that in the practice of his profession he shall call himself neither homœopathist, eclectic, allopathist, or, in short, any name other than that of "physician" or "surgeon," and under this title, as I have explained to you before, he may practice as his conscience dictates." In following the above rule "we cannot be accused of deliberately giving false impressions to those outside of our medical world." This rule "I believe to be the only logical, the only true basis to stand upon in our profession."

COMMENTS: To those living at a distance from Boston, it seems surprisiug that at this writing any explanation is necessary of the exclusion of professed Homœopaths from the Massachusetts State Society. Indeed, it could not well be otherwise. Oil and water will not mix, and there can be no cordial intimacy, professionally, between those who honestly believe in the law of the similars as generally and specially applicable to the treatment of the sick, even interpreting this law with the greatest liberality, and those who hold as tenaciously to views the very opposite. Our Boston friends deserved and must have relished the following: "To be candid, gentlemen, I consider that whenever persecution has been practiced upon the Homœopaths, it has aided their cause more than any blazoning of their own virtues could have possibly accomplished, and I must confess to believing that the action of the Massachusetts Medical Society in expelling the Homœopaths from their ranks, several

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years ago, has only added fuel to the fire which it hoped to quench."

Looking upon the lecture of Dr. Bowditch as a whole, it commends itself by its moderation and candor, and the same might be said of Dr. Wesselhœft's effort of a year ago. Nevertheless, it is enough to puzzle the wisest of men to determine what good has been accomplished by this exchange of courtesy and of opinion. No one can believe that Dr. Wesselhœft succeeded in making converts, or that his audience, individually and collectively, think the more kindly of Homœopathy on account of his effort. So far as Dr. Bowditch is concerned, he has said nothing new; he has, however, had the opportunity of telling our friends some of our real shortcomings, and under cover of an address, delivered upon special request, has improved the chance of making some home-thrusts which cut no less deeply and wound no less grievously because he had the tact to clothe them in courteous and moderate language. Evi dently, "it is a draw!"

At the session of the New York University Convocation, held at Albany, in the early part of July, Chancellor Sims, of Syracuse, offered the following resolution which was adopted: *Resolved*, That in the judgment of this convocation the power to license physicians should be vested in boards of examination different from faculties of medical instruction.

The homœopathic league, recently organized in London, England, has just published the following terse and very excellent tracts: No. 1. Why should the friends of homœopathy form a league? No. 2. What is homœopathy? No. 3. The origin of homœopathy. No. 4. Hahnemann's achievements in medicine and the allied sciences. No. 5. Statistics of homœopathy.

The "Kentucky State Homœopathic Medical Society" was organized on July 13th at Lexington, and the following officers elected: President, Dr. J. A. Lucy, of Georgetown; vice-president, Dr. Geo. M. Ockford, of Lexington; recording secretary, Dr. S. M. Worthington, of Versailles; corresponding secretary, Dr. C. P. Meredith, of Eminence; treasurer, Dr. J. A. Van Sant, of Mount Sterling.

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THEORY AND PRACTICE OF MEDICINE.

RHUS TOXICODENDRON IN RUPIA SYPHILITICA.

Rupia is at once the most striking and the most obstinate of the syphilitic eruptions. When the young practitioner first sees these elevated, conical scabs, frequently three-quarters of an inch in height, and at times one inch or even more, and exactly resembling oyster-shells, he instinctively feels that he has a difficult case to treat. Neither does he change his mind when the oyster-shell-like arrangement falls off and reveals a sluggish ulcer, extending to the deepest stratum of the corium, an ulcer which he soon discovers has very little inclination to heal, especially in drinkers and in young men of delicate constitution. And he soon comes to the conclusion that the only good feature about this lesion is, that it is not phagedenic.

Dr. Rutherford Russell, one of the best homœopathic writers on dermatology, thinks "Rupia is a modification of pemphigus, which occurs in persons of cachectic and debilitated constitutions." But there is a vast difference between the bleb of pemphigus containing transparent, almost incoagulable fluid and the thick, hard, conical scab of rupia. Then, when the bleb of pemphigus bursts, it simply leaves the corium exposed; but when the oyster-shell of rupia falls off, it exposes a deep ulcer with shelving edges.

The older writers speak of a syphilitic and of a non-syphilitic rupia, and even the experienced Erasmus Wilson, in the first edition of his excellent work, described rupia as "a bullous non-syphilitic disease." The fact is that only syphilis can produce that most peculiar scab covering that characteristic ulceration. Hebra correctly voices the opinion of the syphilographers of to-day, when he writes: "My intention of treating in a separate chapter the condition denoted by 'Rupia,' is not at all to sanction the usual view that there is a non-syphilitic disease of the skin which requires this title. On the contrary, it is my opinion that no such non-specific malady exists, and that all the supposed instances of it ought to be otherwise named."

Jonathan Hutchinson, in his *Descriptive Catalogue of the New Sydenham Society's Atlas of Portraits of Diseases of the*

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Skin, thus discourses on Plate XL of that superb series of plates: "Apart from the fact that this portrait affords a good example of the characters known as rupia, it is also very valuable in connection with the history of the case and in proof that rupia, contrary to the generally received opinion, is a secondary and not a tertiary disease. In this instance the man had the eruption symmetrically placed on the opposite limbs, and he had never left the hospital from the time when he had been admitted with his primary sore." I think that, as a rule, this is correct. Most of my cases of rupia have been secondary beyond all doubt, and yet, I have had some cases which were just as certainly tertiary. Further on I will speak of one such as a specimen of the entire group, in which well-marked rupia was seen side by side with lesions which are always classed as tertiary.

The homœopathic treatment of rupia is in an unsatisfactory state. Most writers—Helmuth, Franklin, Gilchrist, Hill and Hunt—make slight mention of the lesion and omit all reference to the treatment. Even monographs on syphilis are almost as silent on this subject. Thus Yeldham, speaking of syphilitic cachexia, observes that "one of the most inveterate and obstinate of its manifestations, is that which results in the formation of the hard lamellated scab called rupia," but this excellent writer says nothing as to the treatment. Morgan, too, whose excellent book is in too few hands, merely names rupia in the list of manifestations of secondary syphilis, and gives no hint as to its treatment.

Especially teasing are the writers who, instead of indications for the remedies, contend themselves with giving lists of remedies merely. Thus Gollmann, from whom one looked for better things, blankly says: "For rupia syphilitica the following seven remedies have been found efficacious: ACID. MUR., *Arsen.*, Caustic, Crot., DULCAM., *Rhus tox.*, Sabina." And Lilienthal, the voluminous, who rarely offends in this respect, after giving us the best account of the disease in our literature, presents us with the following list of remedies: "Alum, *Ars.*, Borax, Calc. c., Caust., *Cham.*, Clem., *Graph.*, Hep., Kali c., Merc. sol., Nat. c., Nitr. ac., Petrol., Rhus tox., Sep., *Sil.*, Staph., Sulph."

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Hughes, brightest and best of the British writers, in his *Manual of Pharmacodynamics*, which is quite indispensable to physicians of our school, only mentions Phytolacca as a remedy in rupia. "We hear from time to time of its curing *rupia*, ulcers of the feet, and other manifestations of this diathesis, but more especially that periosteal affection which is syphilitic rheumatism." In his equally indispensable *Manual of Therapeutics*, Hughes remarks that "Rupia is the syphilitic ecthyma of adults, and requires the treatment suitable to the diathesis." Personally, I regard rupia as being totally distinct from any form of ecthyma, and it requires the treatment called for by the symptoms present, without any reference to the diathesis. *Chamomilla* is not usually classed among the antisyphilitic remedies, and yet, as Lilienthal points out, Chamomilla certainly cures some forms of rupia.

Bœhr remarks that, "As long as rupia does not assume a gangrenous character, *Rhus toxicod.*, *Acidum nitricum*, *muriaticum* or *phosphoricum* are sufficient to cure it; but if the affected parts are invaded by malignant ulceration, we meet this change with excellent effect by means of *Arsenicum* and *Secale cornutum*, to which *Carbo vegetabilis and Staphysagria* are decidedly inferior, although they may at times be useful."

The writers of our school who furnish the best indications for the treatment of rupia are Drs. J. P. Berjeau and Rutherford Russell, the first named in a monograph published about fifteen years ago by Tafel, of Philadelphia, the second, in series of papers on diseases to be found in the tenth volume of the *British Journal of Homœopathy*. I make no apology for "conveying" these indications to the pages of THE MEDICAL COUNSELOR, for when a practitioner gets a case of rupia he wants all the light he can get on the subject of treatment, and, as we have seen, most writers fail here just when one would like them to be strong.

Berjeau's indications are as follows:

"*Mercurius.* Violent itching, renewed by the heat of the bed; small and very itchy pimples, which ulcerate and become encrusted; desquamation of the skin; tettery, excoriated, and oozing spots which bleed easily when scratched.

Acid. nitricum. Copper- or violet-colored spots on the

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body; lancination in the parts, with burning pain, and bleeding readily; sanious, sanguineous, or corrosive suppuration.

"*Clematis.* Fungous excrescences; scabby tetters, which discharge a sanious pus, yellow and corrosive; burning or tingling, and pulsations in the parts; insupportable itching of the parts in the heat of the bed.

"*Sarsaparilla.* When Mercury, in large doses, has been fruitlessly employed, this remedy will remove purulent vesicles, not numerous, but itching intolerably, the irritation causing depression of spirits.

"*Sulphur.* Scabious eruptions, with burning itching, surrounded by a yellow or brownish areola; secretion of a sanious, fetid or thick and yellow pus; spots covered with small vesicles, discharging serous lymph.

"*Thuja.* Brown or red mottled spots, with itching shootings in the evening; purulent pimples, containing fluid like varnish."

Rutherford Russell thus discourses: "The medicines best suited to the treatment are the following:

"*Arsenicum.* 'Black blisters, burning and very painful.' Although there is nothing in this description very distinctive of *rupia*, yet there is enough, taken in connection with the general action of the medicine, to induce us to recommend it; particularly as in the few cases of the disease that we have seen, it appeared to act beneficially.

"*Kali bichromicum.* 'In seven days vesicular eruption on a red and elevated base (itching and burning much, especially when exposed to steam), in a few days becoming pustular, and presenting a dark point in the centre; invading hands, face, arms, back and belly. On the belly near the umbilicus, some spots, evidently of abraded vesicles, presenting a deep hollow appearance, which remains after they had healed.' 'In a few days an eruption of red, round spots broke out on the back, arms and belly; the spots then formed pustules the size of a pea, covered with a scab, which came off in a few days, and left a small, dry ulcer, which partly healed up in a fortnight, leaving a colorless, depressed cicatrix.' These symptoms were produced by the local action of the salt; but taken in connection

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with other symptoms of this medicine, we believe it may be useful in some forms of rupia.

"*Mercury.* 'Herpectic spots and suppurating pustules, which either run into one another, forming at times dry and scaly spots, at times discharging an acrid humor, or which remain sore, become hollow, and afterwards raised and cicatrized; new pustules springing up in the neighborhood.' This is marked as a curative effect of mercury, not a pathogenetic Plumbe in his treatise on skin diseases, however, describes a case of rupia in which the administration of Mercury was at first attended with manifest aggravation of the disease.

"*Rhus toxicodendron.* 'Black pustules wtih inflammation and itching, rapidly spreading over the body.' These so-called 'black pustules' are probably vesicles filled with serum, deeply tinged with the coloring matter of the blood, and therefore resembling *rupia*, which may be called an intense vesicle.

"*Secale cornutum.* 'Bloody blisters on the extremities, becoming gangrenous.' This medicine presents considerable resemblance in its action with the symtoms of rupia escharotica, described by Dr. Whitby Stokes. This author mentions that the popular remedy for the disease was *scrophularia nodosa*, and from personal experience recommends its administration in the form of a decoction."

I well remember my first case of rupia. It was in the person of a baker, residing in a village near the town in which I then practiced, some thirty years ago. He had five or six very large oyster-shells on different parts of his person, and good allopathic practitioners had treated him in vain with mercury and iodide of potash. I was then haunted with the idea of treating the diathesis, and in accordance with this view gave *Mercurius iodatus ruber* and other remedies with a total want of success. I failed, too, in several other cases, and on looking back, I think that if I had had Rutherford Russell's book I would have ciphered out the matter from his pregnant hints. But I did not own the *British Journal of Homœopathy* till a much later period, and Berjeau's book was not published till the year 1870.

In the year 1859 I was called to see a lady who was collecting wild flowers, thoughtlessly including a number of sprigs

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of poison-oak. A very virulent poisoning resulted. The arms swelled to an enormous size, and the face—a very comely one—hardly looked human. Several large pustules appeared on the arms, three on the right and two on the left, pustules of a dark color and semi-fluid contents, say of the consistence of thick gum. These pustules did not burst, but kept on growing larger and firmer, till at last they were distinct conical elevations, dark, reddish-brown in color, and quite firm in consistence. A red areola surrounded each pustule. I was struck with the resemblance to rupia, and, as may be supposed, I watched the case with eager interest. Soon the scabs fell off, leaving ulceration which affected the upper layer of the corium. The resemblance was complete. I next appealed to the few works on Materia Medica which I then possessed, and found the following under the heading of Rhus toxicodendron, in the second volume of *Jahr's Symptomen-Codex.:*

"*Malignant blister:* Inflammatory redness and swelling with increased burning and stinging pains, after which blisters are formed, or one large blister containing a yellow substance; in a few days, the blister becomes dark and blackish, and leaves deeply-penetrating, gray-looking ulcers." This is part of the clinical observations of Noäck and Trinks, and had escaped my notice in former reading, because at that time I attended much more closely to the pathogenetic symptoms than to the clinical observations. I now attend to both, for the one is confirmatory of the others, and I note with pleasure that Constantine Hering, who used to place but little stress upon clinical observations, changed his mind. His great work, *The Guiding Symptoms of our Materia Medica*, is simply a collection of cured symptoms, and from internal evidence I believe it to be the cured symptoms of his almost innumerable cases, dissevered from each other and arranged under the Hahnemannian schema—a kind of clinical mince meat, as it were. Personally, I would have preferred to possess his clinical cases, undoubtedly of great value, in their entirety.

I waited patiently for another case of rupia. It soon came along, for the American Civil War spread syphilis far and wide, and its ravages have hardly disappeared even now. This patient had three large scabs, very conical, of a deep reddish gray

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color, with fetid matter oozing from the edges which were encircled by a broad red areola. Outside this areola the skin was angry and irritable. The affected part was distinctly painful; a kind of burning pain which is quite persistent. I prescribed Rhus toxicodendron, 6th decimal trituration, and was rewarded by seeing a prompt amelioration. At once the irritation of the skin was lessened, together with the annoying burning pain. The areola became paler, and the bloody ichor ceased to exude. Soon the crusts fell off, leaving the usual ulcerations with grayish bottom and bloody ichorous matter. I continued the rhus, going down, first to the 5th, then to the 4th decimal trituration, and the cure was prompt, pleasant and permanent. I incline to believe that this was a typical case of the Rhus-rupia. But Rhus by no means cures all cases—when it is not indicated, consult Berjeau and Russell, already quoted.

One of my latest cases of rupia was complicated with epilepsy, apparently of syphilitic origin. The rupia was typical, and Rhus "*acted like magic*," to quote the patient's words, after which the epilepsy was quelled by Belladonna, 3d decimal trituration.

The worst case of rupia I ever treated was in a gentleman of fifty-six years. At the age of sixteen he went astray, and at the very first connection he got a hard chancre, the initial lesion of a life-long misery. When he came to me he presented a series of tertiary affections of the brain, liver and kidneys, with five or six of the largest and most malignant scabs of rupia that I ever saw, intermingled with as many fetid, ill-conditioned rupial ulcerations. But long ago I had found the range of my arms of precision, so I opened on the enemy with a good stiff powder of rhus toxicodendron, 3d decimal trituration, four times each day. The effect of the cannonade surprised me. The crusts soon fell off, revealing more benign ulcerations than the older ones, and, in their turn, these older ulcerations healed rapidly. The case progressed finely, but whenever the patient, a busy, impatient business man, suspended the rhus, the enemy reared its ugly crest; whenever he resumed it, the rupia withered away.

In the earlier years of my practice I used Rhus toxicodendron in the 5th and 6th decimal triturations. Then I went down

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to the 4th, but now I know that the 3d decimal trituration is the conquering preparation in rupia. I take 300 drops of freshly prepared Rhus of the 3d decimal dilution, carried up from the mother-tincture by three dilutings and with the honest and effective succussions which Hahnemann ordains. Then I put 900 grains of good sugar of milk in a mortar and pour over it 100 drops of this 3d dilution and "triturate six minutes, scrape four," in the Hahnemannian fashion, twice over, or twenty minutes. Then drop in a second hundred drops and triturate for twenty minutes more. Then a third hundred drops, and twenty minutes complete a very fine preparation which I think would only be surpassed by a trituration of the leaves themselves; but that I have not tried.

THOMAS NICHOL, M. D., LL. D., B. C. L., Montreal, Canada.

BRIGHT'S DISEASE.

MEMORANDA.

Of all chronic diseases perhaps none has attracted more attention within the past few years than what is known as Bright's Disease. It is a disease that is much more common than is generally recognized, even with the light shed upon the subject by many recent illustrious writers. It is one of the most frequently mentioned causes of the death of our great men, as is seen in the records of the daily press. And among people in humbler walks of life its victims are almost without number. It has been the fortune, or misfortune, of the writer to record more cases of chronic diseases of the kidneys of a serious nature than of tuberculosis, the scourge of civilization. This has been verified, too, by post-mortem examinations.

All writers of importance have, under the head of *Morbus Brightii*, made different sub-divisions. The French and German physicians usually describe the various forms as found in post-mortem examinations, as different stages or phases of one morbid process. The English and Americans recognize different morbid processes, each of which in life has a distinctive group of symptoms, and in post-mortem examinations a clearly defined pathological condition. The varieties or forms are distinctively three, viz: *Parenchymatous Nephritis*, *Interstitial*

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Nephritis and *Lardaceous Kidney*. Other terms have been used to describe the same conditions, but these appear to be as descriptive as any, and are most generally recognized. Of these, various sub-divisions have been made, but for the general, and for that matter the special, practitioner, the three divisions are sufficient.

I. *Parenchymatous Nephritis*.—Large white smooth kidney; chronic desquamative nephritis; tubal nephritis.

Ætiology.—This form is met with most frequently in young subjects and is sometimes a sequel of scarlatina (?); causes often unknown; sometimes follows an acute attack; is greatly influenced by damp weather and exposure.

Symptoms.—The urine decreased, sometimes pale, but usually turbid and high-colored; specific gravity increased and sometimes high; albumin in considerable quantities and hyaline casts in abundance, also some epithelium and epithelial debris. Anasarca, œdema, and dropsy of the parenchyma and serous cavities. The general surface, especially the face, presents the characteristic dull white, puffy and pasty appearance, being sometimes glassy in later stages or where fatty degeneration occurs.

Post-mortem appearance.—The kidney is large, heavy and smooth, and of a pale color; on section, the cortical substance appears greatly increased, but without color and deficient in vessels. It is this post-mortem appearance that has given the name of large, white, waxy, etc. "The lesion affects principally the epithelium of the kidney, and the connective tissue, when altered at all, is so only secondarily," and for this reason Charcot objects to the term *parenchymatous nephritis*, but retains it as being as good as, or better than, any other. Complications that are very apt to occur in this form are gangrene and erysipelas of the œdematous parts and uræmic poisoning. The latter is not so common, however, as in other forms of Bright's disease.

II. *Chronic Interstitial Nephritis*.—Granular, contracted, or cirrhotic kidney.

Ætiology.—This is the most common and fatal form, from the fact that it is very chronic, and at the outset so slow and insidious that its presence is overlooked until too late. It has

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usually been associated with gout, chronic lead poisoning, and chronic alcoholism. But there are two causes which, I am convinced from a long and patient investigation and from experience, are in this country, at least, productive of more cases than any other cause outside of alcoholism, viz: *heredity* and *prolonged mental excitement.* The fact of heredity being one of the factors of great importance has been proved by Dickinson in his tracings of the records of the aristocracy of England. I have found it existing in about 20 per cent. of the cases coming under my investigation. The factor of prolonged mental excitement I have found in two instances, in my practice, as being the only cause to which the disease could be possibly attributed. But the frequency with which this disease occurs among professional politicians, bankers, railroad magnates, and men who are engaged in business pursuits that are largely of a speculative nature and which involve much anxiety, is prima facie that, as a class, they are particularly liable to this form of Bright's disease.

The disease occurs at almost any period after 30 years of age, seldom before, and at fifty it is most common and continues until advanced age. The greatest period of frequency is, however, between the ages of 40 and 60. It is more common in men than women, at least 2 to 1, not a greater percentage. It is usually slow in its progress, covering a period of from two to ten, or more, years. It is this insidiousness that makes the disease so fatal. It creeps on its victim unnoticed, or so little disturbance accompanies its early stages that the dissipated man thinks it nothing more than an after-result of his dissipation, and the business man and brain worker attributes it to his hard work, and tells himself that just as soon as he takes that rest from business cares and excitement which he has been promising himself for years, but never takes, it will certainly disappear. Thus it goes until the organic change is so great that the kidneys no longer perform their functions as eliminators, and the urgent symptoms that compel the patient to consult his medical adviser are usually symptoms of the latter stage of the disease, when a cure is impossible. When a victim of this form of Bright's disease is convinced of the nature of his malady, his days are, as a rule, numbered. Few appear to have any disposi-

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tion to make a stand against the odds that are against them. Will-power is a very important factor. If the patient has made up his mind to die, there is nothing to be done. The reverse is sometimes, though not often, true. A determination not to die once kept up a patient of mine for six months after I had told him he *must* die, and that very soon too. In another instance, a case of parenchymatous nephritis, in a woman of 35, the determination to live long enough to marry another man than the one with whom she was living, was evidently an important factor in the recovery of one of the most pronounced cases I ever saw. She married.

Symptoms.—The urine is gradually increased in the first stages, or is sometimes scant and then copious; is of light color and low specific gravity. Frequent urination is usually the first symptom that attracts the patient's attention. Albumin is often absent or scanty, or appears at intervals; casts are not found in any abundance, and those that exist are hyaline or granular. Dropsy is not present in more than half the cases, and when it does exist it is usually slight until the latter stages, when it sometimes augments rapidly and becomes a very serious complication. The skin is usually dry and harsh, and is more liable to be of sallow or pinched expression than any other, being in marked contrast to the puffy, waxy face of the parenchymatous kidney. There is often dyspepsia, but the most frequent complication is cardiac hypertrophy and a general morbid condition of the blood vessels. The hypertrophy is usually of the left heart and, according to Charcot, without valvular lesions. The albuminous retinitis is almost, if not quite, characteristic of this form of Bright's disease. The case may terminate in apoplexy, pericarditis, pulmonary inflammations, etc., but most frequently from uræmia. It is in the last named condition that the physician can fortell the end, sometimes to within a few hours, by the decrease of the urea that is being eliminated.

Post-mortem appearance.—The kidney is small, often only half the normal size; the capsule adheres closely; the surface is of a dark reddish color and granulated, and occasional small cysts appear. On section, a general atrophied condition of the cortical substance. It is this condition that gives it the name of

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granular kidney, small red kidney, contracted kidney, etc.; it is also sometimes called a gouty kidney.

As to the condition of the kidney in the early stage, opinions differ, Johnson believing that the disease commences in the epithelial cells on account of the overwork they are compelled to do, while Dickinson maintains that it commences under the capsule, the granulation of the surface extending into the cortical substance as the disease advances. Charcot takes a different view still, stating the histological condition as the reverse of parenchymatous nephritis, viz.: that "the connective tissue is primarily affected and the epithelium secondarily." But in reality these two great investigators do not differ widely in their conclusions.

III. *Lardaceous Kidney.*—Amyloid kidney, waxy kidney. Some have been inclined to doubt the propriety of classing this as one of Bright's diseases, on account of the general pathological condition that exists in connection with the renal lesion. But a careful study of this disease will place it in the list as a third form of Bright's disease.

Ætiology.—The fact that this is not a local affection in any sense brings the origin more nearly under the head of a general cachexia. It occurs at any age, but is most frequent at the period when phthisis is depopulating civilization, viz: from 16 to 30. It may affect first the kidneys or the liver, spleen, lymphatic glands, and in fact almost any viscera primarily, and the kidneys secondarily. In any case it is usually a "general" disease.

Symptoms.—The symptoms often simulate either of the first two forms of Bright's disease so closely that it is only by the general condition that a diagnosis can be made. But the history and general lesions are generally sufficient to distinguish the malady. It is usually slow, being from two to five or more years in claiming its victim.

Post-mortem appearance.—At any stage of the disease the iodine test will establish the amyloid condition, the deep reddish brown color coming quickly and being very pronounced. The kidney is usually pale or yellowish gray, of a soft waxy feeling and denting on pressure. In connection with this the condi-

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tion of both *interstitial* and *parenchymatous nephritis* are more or less present. The distinguishing tests are the reagents.

Death is usually caused by the exhausting diarrhœa or by pneumonia, or both. Sometimes convulsions, or coma, peritonitis, or ascites is the terminating cause.

Why Bright's disease is not more readily recognized by the medical man in general practice it is difficult to say. But the fact remains that the true cause in parenchymatous nephritis is very often overlooked or passed by with the generalization of "dropsical." In the interstitial form it is often diagnosed by whatever complication is most prominent, while the lardaceous kidney is usually lost sight of by the general condition. It is true that the complications are often the most pronounced symptoms when the case comes for advice, but this should not deter the physician from correctly diagnosing the case. While the case is, at this stage, often incurable, and symptomatic treatment will perhaps afford as much relief as any, the prognosis is very often materially altered by this knowledge and the physician's reputation as a diagnosticator sustained.

In all instances where the family adviser has reason to suspect any renal lesion he should make, or have made, a careful analysis of the urine at stated intervals of once or twice a year at least. The early stages may then be discovered in time to affect cures or hold the disease in check. This is the only safeguard there is for those who may be subject to this disease. In three cases I have examined the urine when I diagnosed the first stages of interstitial nephritis and treated them until all symptoms disappeared which, after several years of no treatment, no examinations of the urine, and a continuance of the exciting causes, have terminated in most pronounced and fatal cases. These cases will be given in detail hereafter, with others. Another feature which my experience has verified is this: After the first treatment they will consider themselves cured, when in from 1 to 3 years afterwards the urgent symptoms bring them for a second examination; the treatment will as a matter of fact be neither so prompt nor efficacious, the patient becomes restless, goes the rounds of all the quacks, and in time comes back to die. This is an almost invariable rule. I have never had but one fatal case of Bright's disease but what has strictly ful-

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filled it, and the amount of miscellaneous treatment that some undergo is remarkable. However, it is but human nature and cannot be altered. So great is the mental suffering that it is better not to inform the patient of his exact condition, in some instances, but in all cases the friends should know the facts. The knowledge of the certain near approach of death is not calculated to have a very beneficial effect on the mind, and I have sometimes thought, after seeing the painfully suppressed mental excitement that often follows this knowledge, that "ignorance is bliss" and that in such cases it is "folly to be wise."

A number of cases with post-mortem examinations will be given.

NOTE.—It was not deemed advisable to consider the minute anatomical and histological features in this synopsis. They will be considered at a future time.

C. DEMUTH, M. D, Ypsilanti, Mich.

CLIMACTERIC DIABETES IN WOMEN.

So many are apt to take a gloomy view of cases of well-marked diabetes, that we are thankful for anything that will tend to dispel such an (often) erroneous idea. That a severe diabetes may be temporary—may be recovered from either spontaneously or under suitable treatment—is quite well known, but no doubt there is still a good deal of uncertainty in the grouping of the cases, so that hesitation is often felt in rendering a sufficiently positive prognosis. The disease is certainly more malignant, less amenable to any treatment, in the young than in the old. Amongst people in advanced life diabetes is frequently met with, lasting through a series of years, without producing any marked symptoms, and perhaps only discovered when, from any reason, an examination of the urine has been made. Such persons may, after a variable time, completely recover. It is in the young and in young adults that the classical diabetes with bad prognosis is to be sought for. The factor of age is therefore always an important one. The connection of eczema of the genitals with diabetes has for many years been well recognized; so that the existence of such a cutaneous disorder is always accepted as an indication to look for sugar in

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the urine. The subject of diabetes occuring in women at the time of the climacteric has been recently treated of by M. Lecorche in the *Annales de Gynecologie*, and by Mr. Lawson Tait in the *Practitioner*. The observations of the latter are of considerable interest as regards the points above touched upon. He relates a series of cases of vulvar eczema occurring in women at or about the time of the change of life. In all of these the general condition was but little impaired—most of them recovered completely, some spontaneously, others under treatment; the remainder having their eczema cured, whilst sugar persisted in varying amount. The points of value which he brings out are chiefly these: That, as previously observed by others, "the menstrual life appears to create for women a certain immunity with regard to this peculiar disease." That "there seems to be a special form of glycosuria in women at the climacteric period, which runs a certain definite course extending over some years and having a natural termination in recovery." That "the great majority of cases of eczema of the vulva at the climacteric period are due to the presence of sugar in the urine." Sugar was found in every case of the kind which he had met with. Though the case will run its course, yet this may be shortened and much suffering prevented by treatment. Mr. Tait recommends the use of crude opium internally and an ointment of ten graius of sulphuret of potassium to the ounce. These observations seem to have separated a special group of cases of diabetes in which the prognosis is more favorable than in any other.—*From The Canada Med. and Surg. Journal.*

The Kansas State Hom. Med. Society at its last annual meeting elected the following officers: President, Dr. G. H. T. Johnson, of Atchison; vice-president, Dr. L. Alard, of Seneca; recording secretary, Dr. P. Dietrich, of Kansas City; corresponding secretary, Dr. H. W. Roby, of Topeka; treasurer, Dr. W. Griffin, of Girard.

The Minnesota State Hom. Med. Society at their last meeting elected the following officers: President, Dr. A. A. Camp, of Minneapolis; vice-presidents, Drs. L. G. Wilberton, of Winona, and W. S. Briggs, of St. Paul; secretary, Dr. G. F. Roberts, of Minneapolis; treasurer, Dr. W. E. Leonard, of Minneapolis.

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CLINIQUE.

SOME CLINICAL HINTS CONCERNING HEADACHE.

FROM THE OLDER GERMAN PHYSICIANS.

[CONTINUED.]

CHAMOMILLA.—Chamomilla often cures if the pain is the result of taking cold or of the excessive use of coffee. Tearing or drawing on one side, extending into the jaw; heaviness above the nose or very sensitive beating, especially when one cheek is red, the other pale, or the whole face is bloated, with bitter and foul taste in the mouth. Adapted to children and to persons who bear pain badly. [Hering.]

Case.—Mrs. P., aet. 34 years, suffers from periodically recurring headaches. Attacks often brought on by anger. Violent, stitching pains in the left side of the head, extending from the occiput to the left superior maxillary; sometimes tearing pain in the left ear; left cheek flushed and hot; frequent shivering, accompanied with fine stitches in the hepatic region. Received at first Chamomille ***; condition unchanged. In the 3d dilution, relief was produced in an hour, and the entire attack soon passed off. [Kallenbach.]

CHINA.—China is often adapted to sensitive persons when the pain is pressive and prevents sleep at night, or when there is a pain in the temples as if something were trying to force its way from within outward. Boring in the vertex, the brain feeling bruised and sore. Jerking, tearing, staggering, worse from stepping, walking, every motion, opening the eyes; better when lying down, when everything is quiet. The flesh is sore to touch; in persons who are dissatisfied; disobedient and rebellious children, who are fond of sweetmeats, with pale face, only occasionally hot and red, in which case they become very talkative and are very restless at night. [Hering.]

China, according to Tietzer, is indicated when the pain is a *tearing pressure* or *pressing tearing*, especially in the temples, worst at night, disturbing sleep. Aggravation from *light touch*, *walking*, *draft of air*, *wind*. When the mental powers are stimulated or the imagination roused; in disobedient, quarrelsome, easily angered persons.

China is indicated in drawing, tearing, pressing headaches,

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which disappear during rest, get worse from the slightest motion, and do not remain fixed; also with passive congestion from loss of blood, active purging and seminal losses; with a sensation as from emptiness in the head, ringing in the ears, weakness of vision; tearing, drawing, crushing pain. [Black.]

COCCULUS.—Hartmann several times relieved with cocculus an headache worse from eating and drinking and accompanied with a feeling of emptiness and hollowness in the head, for which the patient could not find an expression. [Rueckert.]

Cocculus agrees with hypochondriacal, melancholic persons, inclined to be worried and frightened. In nervo-gastric headaches with sickness at the stomach or actual nausea, or in headache during the menstrual flow, especially when it appears too soon. [Black.]

COFFEE.—Useful in violent, one-sided, drawing, pressing pains, as if a nail were driven into the side of the head, or as if the brain were crushed or torn; it often appears from trifling causes, close thinking, anger, taking cold, over-eating, etc., with aversion to coffee, which usually tastes good, sensitiveness to noise, music; the pains seem perfectly unbearable, giving rise to whining; the patient is actually beside himself, screams, cries, throws himself, has great distress, dreads the open air, is chilly. [Hering.]

Coffee, according to Tietzer, is adapted to migraine when the pain is drawing, pressing, as if a nail were pressed into the side of the head, or as if the entire brain were crushed. The pain drives the patient to despair, he runs about in the room, dreads noise, shivers, is afraid of the open air; it is worse after eating. If a special mental effort causes migraine in a person not accustomed to coffee, the remedy is quite sure to cure.

COLOCYNTHIS.—Colocynthis helps when the pain is of the greatest intensity, savagely tearing, or one-sided, drawing, pressive-squeezing. Pressure in the forehead, made worse from stooping forward or lying on the back. Attacks appear every afternoon or toward evening, in the left side, with great restlessness or anxiety; especially when the sweat has a urinous odor, when the urinary secretion is scanty and very offensive, but is copious and quite clear during the paroxysms. [Hering.]

Colocynthis, according to Tietzer, is the remedy when the

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pain is one-sided; pressing, squeezing, or drawing, with nausea and vomiting. It has a tendency to extend into the forehead and left side, and usually appears toward evening. It is worse from stooping forward, motion, shaking of the head and moving of the eyelids. Emotions bring on the pain, especially indignation, anger, or mortification on account of ill treatment. There is often found connected with it a great deal of restlessness and anxiety. [Allg. Hom. Zeitg.]

The hemicrania which comes within the reach of colocynth is based upon an exaltation of sensibility, caused by rheumatic, gouty or gastric disorders. Hemicrania which finds its cause in thickening of the arachnoid, in growths in the cerebral coverings or other organic changes lies beyond its reach. Usually the hemicrania of Colocynth lies in the course of the frontalis, is accompanied with severe pains in the eyes, and alternates with neuralgias of the plexus cœliacus. [Oestr. Zeitschr.]

Case.—W., aet. 29 years, a traveling man, of robust physique, choler. phlegmatic temperament, complains of: Tearing, stitching, jerking headache, coming on daily a half-hour after awaking, involving more particularly the right temple and covering the right forehead. Feeling of stupidity in the head. The right eye turns outward, is red and full of tears, and smaller by half. Vision in right eye indistinct. Pain extends into teeth, tearing and jerking. Sensitiveness to touch of one-half of the head, especially about the affected eye. Loss of smell. Fluent coryza. Cough, with green expectoration and aggravation of the headache. White coating on the tongue. Nausea. Feeling as if the stomach were contracted, with sensitiveness to pressure. Heaviness of the limbs. Coldness. Thirst. The attack continues from 6 A. M. to 3 P. M.; with it, great anxiety and restlessness, compelling him to constantly walk about the room. Nux vom., Belladonna, Bryonia, China, Chamomilla, Sulphur, gave him very little, if any, relief. Colocynthis [3] moderated the next attack; seven doses produced a cure. [Hanstein.]

CROCUS.—Crocus [3], two or three doses daily, and repeated whenever a recurrence of the attack took place, cured those headaches which frequently occur during the climacteric period, of a beating, throbbing character, now here, now there, with congested bloodvessels, not only in the head but in other parts

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of the body, and pressure upon the eye. It was worse at the time when formerly menstruation would have taken place, then continuing from 2 to 3 days, stopping for a short time only even at night, and affording opportunity for only a short rest. [Allg. Hom. Zeitg.]

DULCAMARA.—*Case.*—A healthy woman, aet. 40 years, after suddenly falling unconscious to the ground, upon recovering consciousness was taken with violent boring, burning pain in the forehead and vertex, with digging and clawing pain, from within outward, and a feeling as if a board were pressed against the forehead, confining this pain in the head. The pain is made worse by every motion, even talking. Heaviness in the head. Salivation, with simultaneous dryness of the tongue and with thirst. Pulse hard, tense. Great weakness and soreness of the limbs. The attack came on during damp, rainy weather. Cured promptly within four hours by Dulcamara [8]. [Gaspary.]

IGNATIA.—Tietzer affirms that Ignatia is a purely spinal remedy. It acts well on sensitive, hysterical persons, of sanguinous, bilious temperament, delicate, with a tendency to dream day-dreams, patient cherishing of grief, easily affected with clonic convulsions from fright or from having their feelings hurt. The pain is pressing, stitching, extending from within outward, especially in the forehead and in the root of the nose, or as if a nail were pressed from out of the temples and sides of the head. Ignatia helps when there is a pressing pain above the nose, relieved from stooping forward; pressure from within outward, twitching, beating; tearing in the forehead, as if a nail were being driven through the head; stitching, boring, deep in the brain, with nausea; dimness of vision; sensitiveness to light; pallor of countenance; profuse, watery urine; the pain often disappears for a time upon a change of position, but returns after eating. Comes on in the evening after going to bed and in the morning after rising. The patient becomes easily frightened, inconstant or dejected, and disinclined to talk. [Hering.]

LACHESIS.—Lachesis is indicated in one-sided, tensive headaches, extending from the occiput to the eyes, with stiffness of the neck and sensitiveness of the scalp. [Black.]

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MISCELLANY.

THE DEVELOPMENT OF HOMŒOPATHY DURING THE LIFE-TIME OF ITS FOUNDER.

[CONTINUED.]

HAHNEMANN'S COMMUNICATION TO THE LEIPZIG DAILY JOURNAL OF NOVEMBER 3, 1832.

A WORD TO THE LEIPZIG HALF-HOMŒOPATHS:

I have long heard with displeasure that some, in Leipzig, who pretend to be Homœopaths, leave it to their patients whether they shall be treated homœopathically or allœopathically; this may be because they have not yet entered into the real spirit of the new healing art, or because they are wanting in genuine love for their fellows, or because they do not hesitate, in spite of convictions to the contrary, to disgrace their art for the sake of filthy lucre. They will not expect me to acknowledge them my true followers.

It is a remarkable fact and a fine illustration of the elevating power of the new healing-art, that in no place where this art flourishes, even to a moderate degree, there can be found such homœo.-allœopathic abortions as—and I dislike to say it openly—in Leipzig, a city of which I have heretofore been so fond.

Venesection, bleeding by leeches, spanish-fly plasters, fontanelles and setons, mustard-drafts, bags of herbs, inunctions with salves, aromatic spirits, emetics, laxatives, various warm baths, injurious doses of calomel, op., mosch., are, among others, the trash by the auxilliary use of which in homœopathic practice it is as easy to recognize those crypto-homœopaths who are seeking popular favor, as it is to recognize the lion by his paw. They spread themselves in the cradle* of the homœopathic art of healing, as they are pleased to call Leipzig; yes,

* Hahnemann grows witty here, as Griesselich does later on. At the convention of 1830, I had called Leipzig the cradle of homœopathy, then referring, in the rhetorical flow of a public speech, to the fact of Hahnemann's first public appearance here. I might as poetically have called it Hahnemann's Golgatha or Mecca, for he had been driven from here. And later, avowed followers of homœopathy were not "cradled" any too tenderly.—*Mueller.*

** Erasure made by the censor of the press.—*Mueller.*

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the cradle of the homœopathic art of healing, where its creator first publicly taught. But remember, as yet I have never acknowledged you, depart from me, ye medical ———!" * *

Either be honest allœopaths of the old stamp who do not know better, or pure homœopaths, a blessing to your suffering brethren. Once more I warn you, and it is the last time—to forsake this way, and to set to foreign countries a better example, more worthy of imitation.

But whoever hesitates to act upon this faithful advice to prove himself from now on a pure homœopathic physician in word and deed, do not let him, if I live to see the day, come to Cœthen, for he might not meet a friendly reception.

But if you will persevere in your doings, then may——

But now that an institution is to be founded for the purpose of an undeniable practical proof of the supreme curative power of the only true, pure homœopathic art of healing on patients before the eyes of the whole world, now this matter becomes infinitely more serious. Here I hold it my duty to raise my voice aloud, that these abuses may not in the prospective hospital and clinique assume a general character which shall bring disrepute upon the entire art. Hence, I hereby enter my solemn protest against the appointment of such a bastard homœopath either as teacher or as physician. Let not one of that species enter upon either sacred office of our divine art in this hospital, no, not one of that kind!

For if false doctrines were there preached under the venerable name of homœopathy, or if patients were not treated in strict homœopathic fashion (even with only occasional allœopathic humbug), you may depend upon it that I shall raise aloud my honest and influential voice, and shall in the public print, far and near, caution a world which is tired of shams, against such counterfeits and monstrosities, which deserve only to be anxiously avoided.

To-day let there suffice, for the time being, my fatherly warning call in this paper to those within the limits of Leipzig, hoping for your change for the better.

CŒTHEN, October 23; '32.

S. HAHNEMANN.

It will be seen, Mueller continues, that concern for purity

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of doctrine prompted this malediction. This concern could only have been caused by informing him that those physicians, or one of them, myself, intended to secure the position of hospital-physician, and then to proceed in a manner not wholly homœopathic. Since the manner in which Hahnemann sought to prevent this,—a public scandal—was extreme and, besides, utterly impracticable, one is forced to the belief that Hahnemann, if he first gave the matter due consideration, must have thought that no milder method would answer his purpose, as, for instance, a kind but serious word, with a positive expression of his wish in regard to the appointment, addressed either to myself or to the board of directors. He must then have believed that I would not at any price give up the project with which I was charged, to become the hospital-physician. It is evident that it was only a secondary consideration, when Hahnemann at the same time by a letter to Haubold, the Secretary of the Board of Directors, withdrew his previously promised support of the Central Society, an act by which he merely said that he considered the Central Society under the influence of those "impure" homœopaths, and the by-laws as drawn to suit them.

Of course, those liberal by-laws, which said nothing of an exclusive homœopathy, and which did not confer upon him influence in the direction of its affairs, could not have Hahnemann's warm approval; and they had not had it. He waited six weeks before he replied to my report of what had been done on August 10th. But when I notified him after six weeks that I had procured provision and a location for the hospital, he seemed to have made up his mind to let the directors and myself have their way; he sanctioned what was done, and promised to accept the honorary chairmanship offered him.* He

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Copy of two letters from Hahnemann, addressed to Dr. Moritz Mueller, Director of the Homœopathic Central Society in Leipzig:

I.

MY DEAR COLLEAGUE: It has been impossible, from the claims of patients upon me, to discharge my duty to you, and to express to you my best thanks for the full report of the celebration of the tenth of August. I have been very much pleased with all the proceedings, and I agree with you that this time our art was honored more than ever before.

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expressed himself surprised and happy at the boldness and the luck with which I had secured those results. He only called my attention to the maintenance of the purity of his teaching. He therefore did not then (during the latter part of September) think that it was endangered by myself, although he had always known that I was no "pure" homœopath. I had always labored for *homœopathy*, never for pure Hahnemannian doctrine. Since the by-laws were not passed with any particular reference to pure Hahnemannian homœopathy, I was not obliged, as a director of the society, to work in that direction. But in so far as Hahnemann had told Schweikert to become the physician in charge, and myself his assistant in clinical teaching (that is what Schweikert wrote to me, and I replied that I hoped to see this wish carried out by the action of the Board of Directors), it shows that he was not afraid at that time that in this case I would teach anything but pure Hahnemannian doctrine, and at the same time he had recognized the legal authority of the Board. If then Hahnemann a week later was afraid that I had a desire to become the hospital physician, and

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I cannot sufficiently assure you how much interest I take in it all, and especially in the organization of the Society. In the granting of a sort of diploma for those homœopaths who particularly distinguish themselves, I recognize a by no means bad way to distinguish those who are zealous, and to encourage them to become genuine, pure disciples of our art. This to me seems the more necessary since many professed homœopaths, still under the influence of old teaching, which they were obliged to learn, in sickness yet avail themselves of this or that belonging to allœopathy, a course wholly incompatible with the pure and true doctrine; like those who were only to serve Jehovah, they at times also bring sacrifices unto Baal. The man who is fully aware of all our art is capable of doing, is *never* obliged to spill a drop of blood, nor to use emetics or laxatives, nor even to call to his aid counter-irritants, as I have not been obliged to do during some thirty, or more, years of practice, curing the sick during this time with the best of success.

Whenever you may be able to weed out among our disciples wrong-doing of this sort, either from ignorance of our divine art or from the force of the old allœopathic custom, (they are a great scandal to homœopathy and a source of gratification to our enemies), do it by all means; I beg you to do it, my dear colleague! Tell them that an instance of sickness cannot be imagined where that old species of laziness is necessary, or even where it can be anything but injurious, and where desirable results cannot be better accomplished homœopathically. Let them follow my footsteps which, since I have known the better way, have never been soiled by this ancient filth.

I therefore am exceedingly anxious, as I have also expressed in answer to our friend Haubold's letter (who as Secretary of the Central Society demanded my written acknowledgement) that we might soon be fortunate enough to erect, under the sanction of the government, an hospital with two or three teachers and homœo-

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that as such I would not practice pure homœopathy, this apprehension must have come to him from outside, by insinuation. It is not at all necessary to presume that the person who made this insinuation, and who as yet is not known, had any idea of throwing a spark into a cask of powder and to involve me in scandal,—this phase of the effect lay in Hahnemann's peculiarities. That person might only have wished to prevent by Hahnemann's influence the presumable misfortune of seeing a non-Hahnemannian hospital-physician, and indeed, if this apprehension had been more than a mere notion, Hahnemann, or any one else capable of exercising some sound judgment, could have easily prevented this. I who was *falsely* suspected of the *crimen ambitus*, when I had declined the offer, coming from two sources, to take this position. I had always sufficient *point d' honneur* not to force myself upon any one (thus, six years ago, when there was a mere whisper that my relation to the "Archiv" was commencing to become undesirable, I withdrew at once, in spite of Stapf's earnest protestations), and even if I had wished to secure the position of hospital-physician, which

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pathic practitioners, where the purest teachings can be practically illustrated upon the sick, and where we can show how successfully recovery can be insured in each case without in the least having resource to those quackish procedures.

Only by opening a hospital thus conducted can we triumph over the old-time laziness, and exclaim: Come and see, and be shamed!

With accustomed regard, yours,

SAMUEL HAHNEMANN.

CŒTHEN, September 24, 1832.

II.

MY DEAR COLLEAGUE: Strange that the speculation of our people at Munich to start an homœopathic hospital with the aid of our fund of three thousand dollars, gave rise in you to such an heroic resolve to start one yourself wish so small a beginning as three thousand dollars, just as Francke started his great orphan asylum at Halle with hardly any cash in his pocket. And still more wonderful that you had the heart to ask for authority, and that from the government of Saxony, whose submission to the dictum of the hostile medical counselors at Dresden you so well know! On the other hand, it was a great concession (it fairly takes my breath away) that they did not forbid it. I could not have dreamed that they would permit it. But *audaces fortuna juvat!* On the other hand, your city council has shown itself even more generous, especially if you should succeed in procuring for the institution the privileges of religious and charitable institutions.

I am also surprised at the small price for which you have secured a house with so much room. In one word, in the entire affair I see the wonderful guidance of God to provide for our art the most pressing necessity to show itself openly and by its re-

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was certainly not the case, a simple "we don't want you" would have permanently cured me of any such desire.

But why was I suspected of this ambition and of intrigue to realize it? Probably, from the zeal with which I had worked for the establishment of the institution, a zeal which may be magnified by the fact that I was *lucky* enough to secure in a few weeks what to all of us seemed the most difficult part of the work,—the official permission and a fitting locality for an hospital. Common souls readily fancy that such an unexpected and unusual activity, a sacrifice for others, could only be prompted by selfish motives. To this may be added that in the middle of September one of the homœopathic physicians of Leipzig and the wife of another, in conversation with a third physician and the wife of a fourth, had asserted that Schweikert's project of moving to Leipzig would be no more carried out than many other projects of his. How easily could the third and fourth presume this statement nothing less than an expression of my wishes, and feel themselves bound to inform Schweikert of this presumed fact. Schweikert, who at that time (the end of September) did not break off his friendly intercourse with me, but, strangely enough, terminated his intimacy with a second, above-named, party who was closely related to me, could as easily hope to prevent the threatening evil by Hahnemann's intervention, little suspecting that Hahnemann would follow the example of the bear in the fable: drive off the mosquito by

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sults to both enemies and friends, and to demonstrate its superiority over the old method.

The first start will require the most exertion. We must try to avoid open blunders.

As soon as we have three beds filled with patients, hence have actually commenced operations, let there be issued through the homœopathic journals (through the Allg. A-d-a., the Augsburger Allg. Zeitg., the Genfer Hom. Journal, and through all similar channels) a pathetic appeal to all our friends and well-wishers to aid us in building-up this young homœopathic hospital and clinique. This appeal I wish to come from your energetic pen. And, believe me, unless I am wonderfully mistaken, a rich blessing will be poured upon us. It can be splendidly utilized in the form of a reprint, and I wish to make use of a couple hundred copies.

I close with best wishes for your welfare, as

Yours, most respectfully,

S. HAHNEMANN.

COETHEN, September 28, 1832.

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throwing rocks at it. This explanation seems to me much more likely to be correct than that of a critic in the July or August number of the *Allg. Hom. Zeitg.* who intimates that a third physician from merely personal hostility to me was led to get Hahnemann enraged at me.

Be all that as it may, Hahnemann's public attack placed those whom he assailed in open opposition to him. They were not willing to continue their official work in the Central Society without an indorsement on part of the board of directors of the Central Society and of the local organization at Leipzig, of which they were members. The latter, which, since the adoption of new by-laws embraced all the resident homœopaths, was not willing to lose the active work of the attacked parties nor the good will of the inflexible Hahnemann, and thus the local society published in the *Leipzig Daily Journal* a declaration, signed by all the members, to the effect that they were bound to defend even against Hahnemann the freedom of scientific inquiry. It was believed that Hahnemann's charges of quackery, etc. were wholly unfounded and that silence was the most dignified reply that could be made.*

Dr. Rollin R. Gregg, of Buffalo, N. Y., died at his home on August 1, 1886. Dr. Gregg was well known as a man of very firm convictions and of considerable ability. He was the author of "The Illustrated Repertory" and for some years past spent much of his strength and time in fighting the "bacteria" theory.

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* Statement in the Leipzig Journal of November 8th:

"The local society of Leipzig homœopathic physicians in reference to a communication in the issue of November 3d, of the Leipzig Daily Journal, hereby declare that they do not recognize an absolute authority in science. Highly though the entire membership of the Society value the homœopathic doctrine, the principle must still be maintained that every scientifically educated physician in the exercise of the art of healing can be bound only by his personal convictions. Science, the result of unfettered reason, cannot and dare not be established by personal anathema."

Leipzig, November 5th. The Leipzig local society of homœopathic physicians. (The individual signatures were not printed; they were Franz, Hornburg, Haubold, Hartman, Lux, Gutmann, Drescher, Apelt, Langhammer, Wahle, and myself. If, as I am not now sure, Hartlaub jun. failed to sign, it escaped attention. Schubert had never taken part in our local society, the majority of whom, although without proof, suspected him of having influenced Hahnemann's course. He maintained in the daily papers a war of words against the society, and withdrew from the Board of Directors prior to November 10. Concerning my earlier and later relations to him, see a critique in the Allg. Hom. Zeitung, of July and August, 1833.)

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LITERARY SURFEIT, OR SELECTION?

Professor Huxley, in his presidential address before the Royal Society of England, in 1885, made use of the following suggestive language:

"Of late years it has struck me, with constantly increasing force, that those who have toiled for the advancement of science are in a fair way of being overwhelmed by the realization of their wishes.

We are in the case of Tarpeia, who opened the gates of the Roman citadel to the Sabines, and was crushed under the weight of the reward bestowed upon her.

It has become impossible for any man to keep pace with the progress of the whole of any important branch of science.

If he were to attempt to do so, his mental faculties would be crushed by the multitudes of journals and of voluminous monographs which a too fertile press casts upon him. This was not the case in my young days. A diligent reader might then keep fairly informed of all that was going on without robbing himself of leisure for original work, and without demoralizing his faculties by the accumulation of unassimilated information.

It looks as if the scientific, like other, revolutions meant to devour its own children; as if the growth of science intended to overwhelm its votaries; as if the man of science of the future were condemned to diminish into a narrower and narrower specialist, as time goes on."

I am sure these words of the great scientist must prove to others, who have passed beyond the half hundred of their years, as they have to me, a happy relief from the fear of present mental discrepitude, in view of a growing inability to keep up with the vast developments, annually increasing, in the departments of medicine.

When I began practice, a single shelf, and that a small one, in my library would hold all the books extant upon the principles and practice of homœopathy; and there were but two or three homœopathic journals in the English language. For years I made it a point to purchase every book and order every journal devoted to homœopathy, especially when printed in English, that came from the press. And, besides these, I

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always bought some of the latest and best works of the old school and took one or two of their leading journals.

I had a consciousness of being quite "abreast of the times" in medical literature. But, during the last dozen or twenty years, so great has been the increase in the number of medical monographs and journals, so many specialities have arisen, each with its fresh nomenclature and its particular organs and treatises, I have been unable to gather them all in, and, much less, to become acquainted with their contents. I have felt less and less able to claim a satisfactory acquaintance with the literature of my profession; and, quite naturally, have been inclined to attribute my failure to the wear of work and weight of increasing years.

I have felt, as I am quite sure most of my contemporaries in medical practice must feel, the necessity of contracting the scope of mental grasp, and confining attention to a few leading lines of progress.

Hardly a year passes, now, without the appearance of a new division, another speciality, so that the human body is mapped out, and each particular section claimed as the property of some distinct class of practitioners.

First came dentistry, followed by ophthalmology, otology, gynæcology, etc.

The practicability of these many specialities, going beyond "clinical medicine, surgery and obstetrics," has been a matter of question with medical writers.

While I have, for myself, preferred general practice, I have not been blind to the advantages of specialism, as shown in the closer attention to obscure affections and the finer operations, successfully performed.

I have regarded it as a move in keeping with the tendency of the age, as evidenced in every branch of business as well as in the field of science and art.

In smaller cities and country places it is not so easy for practitioners to run into specialties, each one being disposed rather to take all the calls that come to his door. As yet the lines are not so well defined and the etiquette required so severely observed, as to render the division of work in good

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families at once pleasant and profitable, to the generality of physicians.

But I set out to speak only of the phase of the subject suggested in the address of Professor Huxley, namely, the overwhelming character of the literature of medicine and its constant growth as an influence upon the medical profession, for its benefit when rightly applied, or its detriment when wrongly received. On the one side the danger comes in a disposition to skim over the surface, so that the knowledge of the medical man is superficial, and so inadequate; and, on the other side, danger comes from the limited survey taken by specialists, each having his eyes open only to the objects and facts presenting in his small section of the great field of pathology and therapeutics.

Professor Huxley meets the difficulty presented in the field of scientific work in the following way: "It appears to me that the only defense against this tendency to the degeneration of scientific workers lies in the organization and extension of scientific education in such a manner as to secure *breadth of culture without superficiality;* and, on the other hand, *depth and precision of knowledge without narrowness.*"

He advocates more years of study for the student, and more thorough drill in the subjects and forms, especially the mental discipline, that must underlie and give efficiency to every specialty.

In medicine our students should have a good preliminary education, literary and scientific, before entering upon medical studies; and they should pass through a full course, such as now required for general practice, before turning their attention to any specialty.

At a recent meeting of the Southern Dental Association, in Nashville, the question was vigorously discussed, and decided in the affirmative, as to whether every student entering a dental college should be required to have the degree, Doctor of Medicine, or not.

With a broad culture, gained by four or five years of study, and attendance upon not less than three courses of college lectures, there should be no great difficulty in the student's

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keeping up fairly well with the yearly additions to the stock of information in each of the leading departments of medicine.

There is, and always will be, danger of superficiality in the general practitioner who bestows his attention more widely than deeply; and, likewise in the specialist, who is looking only in one part of the organism, ever gazing more deeply than widely.

Let the special culture be based on thorough general culture, and the practitioner will be safe, however fast and furious the journals and monographs, the discoveries and improvements, that are showered upon his pathway, may come.

A capable mind, well set in order and strengthened by systematic study, should be prepared to receive and store away all the facts and principles and methods of a profession or a line of business, to which it is devoted. Not every book or journal need consume much time or energy. A few moments may enable the scholar to distinguish between works to be closely studied, or leisurely read, or put on the shelf for occasional reference, and those to be cast aside as worthless. Every journal need not be taken and every article, in those taken, need not be read.

Selection must be our motto in these times of literary floods and drift-wood.

J. P. DAKE, A. M., M. D., Nashville, Tenn.

MEMORANDA.

At the recent meeting of the International Hahnemannian Association, Dr. Adolph Lippe was re-instated to membership.

Otis Clapp and Son, of Boston, have in press a work on "Therapeutic Methods or the Principles Observed in the Art of Healing," by J. P. Dake, sen., M. D.

Dr. E. U. Jones, of Taunton, Mass., calls "attention to an error in August COUNSELOR p. 453, 20th line, in which the iodide of potass. is omitted in the preparation of the potassio-iodide of mercury test for albumin."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
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OBSTETRICS, GYNÆCOLOGY AND PÆDOLOGY.

"THE SIGNIFICANCE OF PAIN IN THE DIAGNOSIS AND TREATMENT OF GYNÆCOLOGICAL DISEASES."

(SERVICE OF PROF. J. C. WOOD.)

REPORTED BY I. S. MORRIS, M D., CLINICAL ASSISTANT.

[CONTINUED.]

From the patient's spontaneous narrative or from the symptoms elicited by a rigid series of questions, you will at once speculate not only upon the possible lesions giving rise to the various evidences of functional or organic lesion, commonly called symptoms, but each symptom will serve you as a letter of a therapeutical alphabet, affording a key to the indicated remedy. As I have tried to impress upon you, time and time again, the lesion may be one far beyond the reach of internal medication, or, if malignant, beyond the reach of any curative measure yet known to the art of healing. If the symptoms point prominently to a mechanical lesion, then you must use your own judgment as to the propriety of an immediate local examination.

Upon inquiry, or otherwise, you will learn, possibly, first of all that your patient has a sensation of weight or " bearing down " in the region of the pelvic organs. Your attention is naturally attracted to these organs, and you very reasonably infer that a uterine displacement of some kind is responsible for this sensation. This symptom alone would hardly

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furnish one leg of the tripod upon which you are to erect a prescription, there being so many remedies having in their pathogenesis this "bearing down" or "pressing down" towards the genitals as a symptom. Nevertheless, if you are familiar with your materia medica, it will be hard to prevent remedies like Belladonna, Ratanhia, Platina, Crocus sativ., Palladium, Sepia, Sulphur, Borax, China and Rhus tox. from suggesting themselves to you as being prominently indicated by this symptom. With this bearing-down sensation, should there be pain in the suprapubic region, you would think of chronic or subacute enlargement of the uterus, the result of either deficient involution of the organ or areolar hyperplasia. Strange as it may seem to the uninitiated, the remedies having pain in this region are the very ones the homœopath finds most useful in treating subinvolution and areolar hyperplasia. The remedies are, however, too numerous to classify from this symptom alone, nor are we compelled to undertake it. This abnormal condition of the uterus so frequently gives rise to a sensation of motion, "as though a child were moving about in the abdomen," as to be almost pathognomonic of the disease. Hence, more reliable data are furnished upon which to base a prescription, for it is a more or less prominent symptom under Crocus sativus, Ratanhia, Lactuca, Ignatia, and Spongia. The indications more fully given under Crocus are "a sensation as of something living or hopping about in the abdomen, with nausea and chilliness." Should this sensation as of a living body change from side to side in the abdomen, then Ratanhia becomes more specifically indicated; if associated with acute pain, extending upward, with heat and sweat on the face, followed by creeping chills throughout the body, Lactuca is more likely to be the proper remedy. In Ignatia the symptom is usually confined to the umbilical region, and the record of Spongia shows "a sensation as of something alive under the abdominal walls, above left hip, while lying on the left side." By thus "running the symptoms down," as it were, you have eliminated all remedies from the first enumerated list with the exception of two, namely: Crocus and Ratanhia. Should the patient be a victim of menorrhagia, the menstrual blood being black and clotted, and especially with a determination of blood

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to the head, producing epistaxis, the blood from the nose being of the same pitchy character as that from the uterus, the third leg of the tripod would be furnished, and probably you could do no better than to prescribe Crocus. The remedy would be doubly indicated if the patient were hysterical, as these patients frequently are, and if there were a sensation as if gauze were before the eyes. On the contrary, should the more prominent uterine and head symptoms of Crocus be absent, and the rectal symptoms predominate, with "dry heat in the anus, and sudden stitches which the patient compares to stabs with a pen knife," the imaginary tripod would tottle without the substitution of Ratanhia.

Starting from the same standpoint, you may uncover symptoms of so much greater importance as to completely overshadow those given in our fancied case. The cachexia, the headache, the hepatic complications, the urinary lesion, the character of the stool, any or all of these conditions may keep those symptoms enumerated above completely in the back ground. My object will have been accomplished when I impress upon you the possibility of simultaneously making both pathological and therapeutical deductions, so that not only an intelligent prescription may be made, but also a probable diagnosis and prognosis.

To one not accustomed to the homœopathic materia medica, many of these, what at first sight looks like imaginary symptoms, seem absurd. The element of absurdity is, nevertheless, removed by the fact that the very symptoms appear in the train of pathological changes, an approach to which is accomplished by the action of a remedy upon the healthy organism, capable of producing similar symptoms.

Do not understand me to say that I think you will be able to cure all cases of subinvolution of the uterus, or areolar hyperplasia, with the indicated remedy alone. On the contrary, I think that an enlarged uterus, whether the result of subinvolution or chronic metritis, can rarely be cured without aiding the action of the dynamic remedy by mechanical measures or physiological rest. Perhaps it would be more appropriate to say that internal medication should be subsidiary to the latter expedients, for, of the two in this particular affection, local treat-

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ment is of greater importance. To appreciate this part, it is only necessary to revert to the causes and pathology of so-called chronic metritis. The ætiological factors which operate through interference with the normal involution of the puerperal uterus are, first of all, lacerations of the cervix uteri; pelvic inflammations resulting from puerperal complications; retention of portions of placenta, membranes, or blood clots in the uterus; rising too soon after delivery; non-lactation, and repeated miscarriages.

You are familiar with the physiology of involution. The muscular fibres of the uterus enlarge during gestation to an enormous degree. Retrograde metamorphosis is inaugurated at the very commencement of labor. This is accomplished by the rapid uterine contractions so compressing the cell-elements as to consume them, their blood supply being simultaneously cut off by compression of the nutrient vessels. When a cell is no longer nourished by oxidized protoplasm, fatty degeneration follows. Nor do the uterine fibres cease to contract after the expulsion of the ovum, and as a result the puerperal woman is providentially afflicted with what is commonly known as "after pains." By this process the protean substances of the uterus are converted into fats, capable of absorption, and, eventually, the enormously enlarged cells of pregnancy, (whether all of them do, or not, is as yet a mooted question) disappear. In about four weeks young cells of new formation make their appearance upon the external layer of the uterus, from which a new uterus is developed in from six to eight weeks, when all lochial discharge ceases. The conservative powers of nature are beautifully exhibited in thus inseperably connecting separation with destruction.

Any of the above enumerated causes may arrest involution, not by arresting the degeneration of muscular fibre, but by substituting connective tissue for the products of this degeneration, and, as a result, the organ will at first be enlarged, hyperæmic and soft; at a later period, induration, anæmia and hardness follow in the line of pathological succession.

When these changes do not stop short of hyperplasia, you have an unnatural condition of the parts for the correction of which without assistance you are asking too much of your

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homœopathy. When the uterus becomes enlarged, the increased weight of the organ will cause it to descend or to become displaced in some other direction. As a result of this displacement, the uterine ligaments are put upon the stretch and, besides the increased obstruction to the circulation caused by the enlarged and congested uterine walls, the blood supply passing through the broad ligaments is also embarrassed, so that pelvic congestion becomes most intense. Under the circumstances, what line of treatment is the proper one to pursue? Obviously the first thing to be done is to relieve, as soon as possible, the impeded circulation. This can best be done by elevating or, should the displacement be backward or forward, by restoring the organ to its normal position and retaining it there. Should there be a simple decensus, elevating the organ occasionally, in connection with the hot douche and rest in bed, may be all that is necessary. If the patient is one who can not afford the requisite amount of time to remain in bed, a properly fitted pessary will be the only recourse to elevate the organ so as to relieve the congestion. Possibly the pelvic inflammation will contra-indicate any pessary other than a glycerine tampon, to the reinforcement of which you will have to bring the greatest of all panaceas in inflammatory conditions, namely, the hot douche. Associated cervical lesions may require some one of the numerous local applications. The work of the indicated remedy will thus be facilitated and its action left unrestrained by conditions for the removal of which you have no right to look to internal medication alone, and, unless the case be a complicated one, your efforts ought to be rewarded by a cure. If the obstacle be one of a surgical nature, this treatment will place the patient in the best possible condition for further treatment.

Here is a case to the point.

Case I.—Mrs. S., aet. 35. German. Came to America fourteen years ago, and has been married thirteen years. Has had four children, three being alive and in good health, one dying of hydrocephalus. The patient dates her trouble from the birth of her last child, eighteen months ago, though the labor was of but four hours' duration. She remained in bed for two weeks, but was compelled to give much care to the babe both night

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and day. The babe was very cross, and after getting up, the mother very foolishly spent a good share of time in walking with it. At eleven months the child was weaned, since which time the menses have been regular but too profuse, the blood being dark and clotted. There is an intolerable bearing-down sensation which makes standing for any length of time impossible. She suffers much from vertigo with alternate attacks of heat and chilliness; attacks of nausea and vomiting are also frequent. That peculiar sensation "as if something were alive in the abdomen" is very marked. An examination reveals a bi-lateral laceration of the cervix with decided sub-involution, the uterine cavity measuring four and one-half inches in depth. The lips of the cervix are very much everted, while their surfaces are studded with numerous angry looking, red granulations.

November 15, 1885.—℞. Crocus 6x, every three hours, with rest in bed and the hot douche twice per day.

November 21.—Feels better, but can remain on her feet only for a short time. Continues treatment.

December 1.—The soreness in the pelvis is much improved, though the unbearable bearing-down sensation is still present while standing. There is a frequent desire to vomit, and much pain above the forehead and eyes. Very despondent, sleepless, and worse about 4 a. m. ℞. Nux 6x every four hours. Continue the douche and introduce a glycerine tampon at night.

December 15.—Patient has menstruated since the last date without as much trouble as usual. Pulsatilla and Mercurius vivus have been given as intermediate remedies, according to indications. Besides the hot douche, Churchill's tincture of iodine has been applied to the cervix once per week for the purpose of healing up the granulations and placing the parts in the best possible condition for an operation. The depth of the uterine cavity remains the same. Continues treatment.

December 24.—Emmet's operation for laceration of the cervix performed, a large amount of cicatricial tissue being cut away and the cervix closed with five silver sutures on each side.

December 28.—Sutures removed and hot douche continued.

January 1, 1886.—Patient discharged and returned to her physician, who writes under date of March 1, 1886, that the pa-

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tient is improving nicely, the uterine cavity being reduced in size from four inches and a half in depth to three inches. The bearing-down sensation has entirely disappeared, and she has assumed entire control of her household duties.

Now then, here is a case where I believe it would have been utterly impossible to have accomplished the same results without resorting to local and operative measures. The lacerated cervix was primarily the cause of the involution, though, if the patient could have had proper care during the puerperal state, I dare say that the parts would have healed kindly instead of by cicatrization. As it was, the cicatricial plug acted as a mechanical obstacle, interfering with the circulation, and causing various reflex symptoms by implicating terminal nerve fibres. You have seen at least a dozen, or more, similar cases during the term.

* * * * * * *

Mundé says: "If there is a bearing-down sensation as though every thing were going to drop out, descensus, a prolapsus, or retroversion or flexion will probably be found, or a cystocele or rectocele may produce a similar sensation." This symptom will at once make you think of Sepia, Pulsatilla, Opium, Belladonna, Magnesia carb., Nitric acid and Sabina. Sepia is the remedy which, I think, has this symptom more prominently than any other. You will find it described in your works on symptomatology in the following language: "A constant sense of pressing in the vagina; she feels that she must cross her limbs to prevent a protrusion." Other Sepia symptoms are: a painful sensitiveness in the uterine region; sense of weight in the anus; *a great sense of emptiness at the pit of the stomach.* The symptoms of the other remedies I will leave for you to look up in your repertories.

This peculiar sensation, "as if everything were going to drop out," if significant from a diagnostic standpoint, why should it not be from a therapeutic? I dare say that the distinguished author quoted would laugh at the idea of basing a prescription as well as a diagnosis upon a symptom that must necessarily be more or less chimerical and unreliable. So should I, were we to make a positive diagnosis from it, or, in our treatment, rely entirely upon the indicated remedy, though this was

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the practice of some of the men who helped fight the earliest and hardest fights for homœopathy, and there are those who to-day consider any other practice reprehensible. To the honest convictions of those who claim to speak from experience you can only bow your heads with respectful reverence, biding your time until justified in forming conclusions from the same standpoint. Individually, I prefer to use other and more expeditious methods in restoring the displaced organ, or organs, reaching the constitutional defects with a remedy selected in accordance with the totality of symptoms, and with a precision of which the older school know nothing, *except* what they have learned through the plagiarisms of a Ringer or a Brunton.

Prolapsus and retro-displacements likewise very frequently induce "an aching pain in either groin extending down the thighs." [Again I quote from the same author.] This much for its diagnostic value. Let us see what remedies have analogous symptoms. Nitric acid has pressing in the hypogastrium and down the thighs; Borax, spasmodic, pressing and lacinating pain in the groin; Kalmia, aching pain and as if bruised in both groins and in small of back, especially during the menses; Lycopodium, pain in the groin when walking; Mercurius sol., aching and boring pain in the right groin; Mezereum, bone pains in the thighs and legs. These symptoms alone are not sufficient to base a prescription upon, but they furnish you a starting point from which you can begin to cancellate. With the Nitric acid pain there will be that "violent pressing as if everything were coming out of the vulva;" menorrhagia is a frequent complication, the menses being too early and too profuse, with urine emitting an intolerably strong smell; the blood is very dark colored and thick. The peculiar white, albuminous leucorrhœa of Borax, with a sensation "as if water were flowing down," will more clearly indicate this remedy. Kalmia's sphere of usefulness is usually limited to patients predisposed to rheumatism, especially "where the pains shift from above to below;" the pulse is very slow, which symptom is associated with nausea and dimness of sight. With Lycopodium the gastro-intestinal symptoms will come prominently to the front. There will be much borborygmus and "the least quantity of food satisfies her hunger;" lithic acid crystals will pass into the

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urinary organs unoxidized, as a result of the indigestion. The Mercurius sol. patient will likewise be one suffering from an abnormal condition of the alimentary tract; the gums are scorbutic, the taste saltish, the teeth feel sharp and become loose, salivation will be present and the breath characterized by its mercurial odor. The Mezereum symptoms are in some respects analogous to those of Mercury; a bruised sensation all over the body, especially in the joints, is the most characteristic phenomenon; the joints feel weary as if they would give away, and neuralgic symptoms of the face and teeth are very common.

Should the patient describe the pain in the pelvis as being of an "expulsive character" instead of the bearing-down sensation already described, it is indicative of a desire on the part of the uterus to expel some foreign body. Retained menstrual fluid will give rise to this symptom and, where it becomes persistent, it will be well for you to examine for a mechanical occlusion. A detached ovum may be the stimulus which is exciting the unnatural contractions, in which event you will treat the case according to the rules given you for treating an abortion. Should the foreign body consist of an intra-uterine fibroid which has become pediculated, surgical measures are probably necessary to insure its expulsion.

With the above symptoms, should an immediate examination be practicable, I think it much the wiser plan to make it at once. If not, your homœopathy will instinctively lead you to prescribe remedies like Pulsatilla, Plumbum, Asa foetida, and Secale cornutum. Many times they will have a most marvelous effect in quieting the unnatural efforts of the excited uterus, and should the sensation be due simply to a neurosis of some kind, as it frequently is, the cure will be permanent and complete. I will briefly give you the more prominent uterine spmptoms of the several drugs possessing in common this symptom: Pulsatilla, drawing, pressing pain towards the uterus, with a desire to vomit every morning; contracting pains in the left side of uterus, resembling labor-pains, causing her to bend double. The remedy will be further indicated by the peculiar Pulsatilla temperament to which it is most applicable. Asa foetida, labor-like pains with cutting and bearing-down; the menses are too frequent and too scanty, and the patient is one

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most decidedly "hysterical by nature;" there will be alternate fits of joy and sadness. Plumbum, besides the symptom of contraction of the uterus, is indicated by the condition of the bowels, the characteristic stool being like that of "sheep's dung." There is retraction of the abdomen which causes a painful drawing from the backbone to the abdomen, as though it were drawn upwards by a string. Secale cornutum is most useful in thin, cachectic women, and especially when debilitated by venous hæmorrhages; the menses are too frequent and last too long, with a tearing cutting colic.

Do not understand me as pretending to give you anything like a complete list of remedies whose pathogenesis corresponds to the symptoms of the various pathological conditions under discussion. That it would be utterly impossible to accomplish a task of this kind in a few short lectures, only goes to demonstrate the vast and inexhaustive mine of therapeutical wealth to be found in our homœopathic materia medica. My object, as before stated, is to show you that it is not only possible, but also practicable, to inseparably link symptomatology and diagnosis with pathology and therapeutics.

[TO BE CONTINUED.]

THEORY AND PRACTICE OF MEDICINE.

(SERVICE OF PROF. D. A. MC LACHLAN).

REPORTED BY G. B. KELSO, CLINICAL REPORTER.

GENERAL CLINIQUE.—CASE I.—April 17, 1886. Mrs. M., Emmet, Mich., æt. 50. Has had some "fluttering" about the heart for a number of years. About four months ago took a severe cold which affected her head and eyes at first. Her eyes are still very much congested. Trouble began with slight chills, followed by fever. A dry, hacking cough soon came on which has continued since, and which seems much worse on going to bed. Occasionally she raises a thick, yellow mucus. Vomiting sometimes comes on after a long spell of coughing.

About five weeks ago, "took" a severe pain in her left side in the region of the heart, which is worse at night. She has a great deal of dyspnœa and cannot lie with her head low or

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upon her right side. She has a "panting sensation" running from the epigastrium into the throat. Her feet and hands burn constantly, but worse at night, and there is much aching in her limbs below the knees. Has much distress and sometimes vomits after eating; her tongue is furred and bowels constipated. She is very thirsty at times and has had considerable dysuria.

Physical examination reveals a loud, harsh respiratory murmur and a blowing sound at the apex of the heart. Pulse 75. She complains also of more or less headache and whirring noises in her ears and head.

Diagnosis.—Mitral insufficiency.

Treatment.—Bryonia 3ˣ, once an hour during day.

April 20. Remedy changed to sulphur 6ˣ every three hours.

April 21. She complained of pain in her hips. Cough dry and hacking, but can lie with her head lower and the dyspnœa is less. Stomach is much relieved, about the only difficulty being a slight formation of gas after eating. Pulse 95. Sulphur continued.

April 24. The pain and soreness in the left side is a great deal better. She slept well last night, better than any night since entering the hospital. Bowels still somewhat constipated. Appetite very good. Some gas in stomach and bowels after eating. Coughs less. Hands and feet very hot, and she complains of a smothering sensation at times. Sulphur 6ˣ, four times daily.

April 26. Patient sent home through a misunderstanding, with medicine to last two weeks, at the end of which time she reported herself very much improved, and the treatment was discontinued.

CASE II. March 13. John A., æt 24 years, Huron County, Mich. Patient was born in Sweden and has been in this country three years. He has a family history of rheumatism. Was first troubled about five years ago with pain and soreness across the chest and in arms and shoulders. Worse after hard work and in damp, cold weather. Tongue is furred, and he complains of slight sore-throat. Pulse full and strong, bordering on palpitation. Heart and respiratory sounds appear to be normal.

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Diagnosis.—Chronic rheumatism.

Treatment.—Bryonia 3ˣ every three hours.

Mar. 17. Feels better. Treatment continued.

Mar. 20. Patient discharged cured.

CASE III.—March 20th. Mrs. A. Aet 30 years. Has had more or less dysuria for about two years. At times would be better, but the attacks would soon recur. Her health in other respects is very fair, though she has occasional trouble with her stomach—indigestion. She complains of more or less pain at all times during and after urination, but the worst attacks come on in the night, toward morning, and sometimes last several hours. This pain, which is very intense, is located at the neck of the bladder and just over the pubes. It comes on from one to four o'clock A. M., and about the only relief obtained has been from the continued use of hot water compresses applied over the affected region or by a hot hip bath. There is with this, and at other times also, a bearing-down pain, which is much aggravated by standing or walking. Bowels are usually constipated. On examination the urine was found to be about normal in quantity and weight, reaction acid, and containing large quantities of pus and mucus. Patient was instructed to observe the utmost care in her diet, eliminating from the food and drink, as far as possible, everything that would be irritating to the bladder, and to use a hot vaginal douche once or twice daily. This she was to use also at the onset of the pain, should it return. *Diagnosis.*—Chronic cystitis. Eucalyptus 1ˣ every three hours was prescribed, and continued for two weeks with but slight effect except in partial relief of pain which was doubtless due, in part at least, to the hot douches she had been using. Mercurius corr. 4ˣ, five grains in half a glass of water, a teaspoonful every two hours, was then given with the result, in a short time, of entirely relieving the pain and removing the pus from the urine. The patient continued to improve under the use of the remedy with only a slight return of the pain on one occasion, which, however, soon disappeared, and recovery seemed to be complete and permanent.

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PROCIDENTIA OF THE RECTUM.

The successful treatment of diseases and infirmities, not in themselves dangerous to life, will in many cases bring more renown to a physician than the cure of those acute attacks, the management of which requires far more skill and care on the part of the medical attendant. The doctor who commands a nostrum for the removal or cure of simple excresences, or other insignificant ailments, will quite likely secure the praises of that large number of careless persons whose opinions are not based solely on the merits of a case. While this fact may at times prove disheartening to the earnest physician, it is more than offset by the more valuable and enduring expressions of approval from those better qualified to discern the difference.

Cases will frequently confront us which in themselves do not threaten life, or even incapacitate the sufferer for work, yet will tax the patience and skill of the prescriber to the utmost. Among such troubles may be selected partial procidentia of the rectum in children, several cases of which have within the past year, or two, come under my care. I confine it to children, as this condition is more commonly observed in early life than in adults; old age is also heir to it.

Prolapse of the bowel would prove a very common occurrence indeed, were the diagnosis of our patients to be received, protrusion of internal hæmorrhoids being very often mistaken for a descent of the rectum by those afflicted, and nothing short of a physical examination on the part of the physician will answer. The two conditions may, and often do, co-exist, but there is no occasion for confusion in correctly diagnosing the case. The distinct rounded tumors of piles, as well as their smooth, hard and shiny condition, will easily settle the matter.

It is quite difficult to account for this trouble in little children, especially when there is no local disease or anything in the history of the parents to explain it. It is possible that the mobility of the bowel, together with the pelvic formation, greatly favors such infirmities of infants. The severe straining they singularly indulge in, even to expel a soft mass, may also be the cause of many cases. I have often thought the prone position a child usually occupies while a movement of the bowels is taking place is many times responsible for this weakness, for

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we all appreciate the difficulty an adult patient labors under when a bed-pan is used—a necessary nuisance. Notwithstanding this, many writers condemn as a wrong custom the habit of placing a young child upon a chamber-utensil for the mere purpose of saving themselves trouble and work. To a certain extent this may be correct, particularly when the protrusion of the rectum is accompanied with piles and they both present at the same time; then, doubtless, the recumbent posture, in young or old, will facilitate a discharge of the contents of the bowels with the least injury to its walls. Otherwise it seems proper and wise to teach the child to use a chair at as early a period as it can be safely left to sit alone. This course will not only relieve the mother of a great amount of care and work, but will be in the interest of the little one itself.

Our friends of the opposite school do not offer much in the way of a cure by internal remedies, but trust, I believe, to local means and surgical treatment. With us, however, the indicated remedy is amply sufficient to control and cure all such cases. Two or three illustrative cases will suffice.

Case I.—May S., aged 26 months. Mother reported that the procidentia dates from the first few days after the child's birth, the rectum protruding about two inches after each passage from the bowels. Nothing in the history of the case to account for the trouble, neither constipation, worms or polypus being present at the time I commenced treatment. Nux vom. 6x ter die. After a trial of three weeks with this remedy, without any improvement, changed to Podophyllum, same trituration and dose. This resulted in a cure after giving the drug about a month. This case was the more satisfactory from the fact that the little girl had previously passed through the hands of four allopathic physicians who in turn had exhausted all known ointments, astringent washes, and other local applications without avail.

Case II.—Louis D., aged three years. Had been afflicted more or less for two years, and for the six months preceeding treatment did not have a discharge from the bowels without the walls of the rectum coming down. Podophyll. entirely failed to cure, or even help, this patient, and after giving it sufficient trial substituted Ignatia 6x, which remedy was successful. The

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failure of the former prescription to cure the boy after it had acted so satisfactorily in a more difficult case was doubtless due to my neglect in considering the difference of temperaments of the two children—the first being of a bilious, and the latter of a nervous, temperament.

When this disease is associated with hæmorrhoids and *constipation*, Collinsonia will be found a truly valuable remedy, promptly removing the rectal congestion and pain, and, of course, restoring the parts to a normal condition. In adults drop-doses of the tincture will be required, while in children the 2x or 3x will suffice.

H. M. WARREN, M. D., Jonesville, Mich.

BRIGHT'S DISEASE.

CASES AND POST MORTEM EXAMINATIONS.

Case I.—M. W., aged 60; bachelor; retired farmer. Had heard of, but never seen, me, and when he saw me was not conquered, and almost refused to state his case. Large, portly man. Had usually enjoyed good health until within a few years since, when he had been "troubled with asthma and sometimes bloating." This was about the extent of the information elicited from him. His appearance convinced me that he had Bright's Disease, and I intimated as much. This highly offended him, and he would neither give me a history of his case nor allow me to analyze his urine for my own benefit. He never recognized me afterwards. In less than three months I was called (not by him) to make a post-mortem examination.

I learned from his attendant that he had been constantly about and had driven out almost daily, but had gradually "been growing shorter of breath." He sat on the side of his bed, ate a bowl of bread and milk, laid back, and died without a word.

In appearance he looked as though he might weigh 350 pounds. Skin shining from head to foot. Indentation could be made from one to two inches deep. How he kept from bursting from end to end, was a mystery to all who saw the corpse. From every incision water oozed as from a saturated sponge. We took from the thoracic and abdominal cavities over eight gallons of the dropsical effusion. I was much limited for time

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by a coroner's jury, and could not make a careful examination. The viscera, except the heart and kidneys, were normal in general, excepting a slightly bleached or water-soaked appearance. The left ventricle was much hypertrophied, and the kidneys typical of *parenchymatous nephritis*. Kidneys were large, nearly twice the normal size, white and shiny. Capsules non-adherent. Death was caused by failure of heart, due to the great pressure from the serous exudation. His father died of "dropsy."

Case II.—J. M. R., aged 64; farmer. Called me to relieve his "asthma." Breathing of a typical asthmatic nature, with mucous rales in thorax that could be heard in all parts of the room. Face puffy and of a dark, congested appearance; pulse full, hard, regular, 50 per minute. Urine decreased to one-half normal quantity, cloudy, largely albuminous, and of slightly increased specific gravity. Serous effusion in thorax marked; in abdominal cavity in great abundance; lower extremities œdematous.

Diagnosis: Bright's Disease. Prognosis very unfavorable, as patient was rapidly nearing the end. He expected to die soon, and objected to all measures that tended to prolong life, but asked for what relief I could give him for the most distressing symptoms, which were due to his asphyxiated condition. Treatment was confined to this, with considerable satisfaction to the patient. However, the serous effusion rapidly increased, action of heart grew more labored and slower, going down to 40 and 36; face grew more livid; limbs became so distended that the skin burst from knees to feet; patient became comatose, and died so gradually that attendants thought many times death had come before its actual occurrence. The coma lasted 24 hours. He lived about three weeks after I first saw him. His father died of "dropsy."

Post-mortem * examination twelve hours after death. Face

* In this case, as also in others where mention is made only of the kidney, I was limited in my examination to this organ alone. Most people object to post mortem examination of their friends, and much persuasion is often necessary to obtain the privilege of making even a small incision. I find, however, that they will often permit of an incision large enough to pass the hand, reach the kidney, or other organ, and remove it for examination. This is very unsatisfactory, as much we would like to see is thus forbidden, especially the heart. This is, however, better than nothing, and the major point in the diagnosis is proved, or disproved, as the case may be.

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white, wax-like, with large, bag-like swellings nearly obliterating the eyes. Whole body œdematous and shiny. Lower limbs and scrotum twice their normal size. Abdominal cavity siphoned of four gallons of slightly-bloody fluid. Kidneys large; cortical substance had a slight, yellowish-white tinge. Capsules slipped off in removing. This was a *large*, *white*, *fatty* kidney, or *parenchymatous* kidney with fatty degeneration.

Case III.—Mrs. W. P., aged 35. Married, and mother of several children. Below medium height, and inclined to embonpoint. Florid complexion. Nervous temperament; inclined to hysteria. For a number of years has had more or less "kidney trouble," for which she had received treatment. Sometimes the urine had been scant, with "brick-dust" sediment, and at others it was greatly increased in quantity. On coming under my care she was feeling extremely languid; tired easily. Face florid; slight puffiness under lower eye-lids; skin shining; lower limbs slightly œdematous; pulse rather full and hard; temperature normal; urine more than double in quantity, cloudy, full of mucus, and loaded with albumin. Specific gravity averaged slightly below normal. Frequent urination. After a few days the urine became scant, and occasional variation continued throughout the treatment until it became normal. For a time the albumin increased, and the patient grew weaker, œdema became very marked, face grew paler and more waxy. After two months treatment symptoms were somewhat ameliorated, albumin began to decrease, urine increased and gradually cleared of mucus; œdema of lower limbs disappeared, and face took on a healthy color. In six months she was pronounced cured, and was dismissed. Four years have shown no signs of a return of any of the symptoms, and the woman has now moved to a distant part of the State.

Case IV.—Miss P., maiden lady, aged 62, half-sister of case I.; tall, spare, and chronic invalid, although never complaining. She never consulted medical men, but was largely addicted to the use of "teas," etc., of her own decoction from roots and herbs, which she was constantly gathering. After one of her rambles of more than a mile she complained of feeling tired, and went to her room to lie down, where she was found a few hours afterwards, dead.

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Post-mortem examination 16 hours after supposed time of death. From apex of thorax to bottom of pelvic cavity the entire viscera were one mass of plastic adhesions; liver much enlarged; most of the abdominal organs had a lardaceous appearance, but this I was unable to verify by the iodine test, except in one kidney, which I surreptuously carried away in my pocket. In the one kidney the reaction was very marked and prompt, putting it beyond a doubt that it was a case of *lardaceous kidney*, and in all probability a general lardaceous condition of most of the viscera. The plastic adhesions were so strong, and the organs so disintegrated, that it was impossible to move any of them without tearing. The heart would not support its weight, and pulled to pieces by the least effort. The lungs were adherent to the plura and diaphragm, and also to the pericardium, which in turn was adherent to the heart on all sides. Below, the organs were attached to the diaphragm, to the parietes, and to each other.

How life existed under circumstances that had undoubtedly been present for years, one-tenth of which, with the previous inflammation, would have killed many people, was beyond the comprehension of all who saw.

Case V.—Mrs. J,, widow, aged 57. Tall, spare, dark complexion; black hair. Had usually enjoyed good health until present trouble, for which she had been under treatment for over a year. She had been in a sanitarium and under treatment for diabetes. She was greatly emaciated, whether from disease or treatment I could not say. Urine had been profuse, but was now scant, high-colored, and of frequent passage. Specific gravity varied from 1.011 to 1.015. Urea-elimination averaged nearly 17 grammes per 24 hours. Albumin constant, but not present in the average quantity. Pulse full, hard, 90. Skin dry and harsh. No œdema, and face had not the usual waxy appearance, probably in part due to the very dark, almost Indian-like skin. Stomach irritable, and often rejected contents. When first seen she was very weak, and in a short time was confined to her room. In two weeks she sank into a comatose state, and died in 15 hours.

As my diagnosis of *interstitial nephritis* had been seriously questioned, I was finally allowed the privilege of extracting a

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kidney. Kidney small, less than half the normal size, with closely adherent capsule; color dark, brownish red, and a general granulated appearance, with an occasional small cyst. On section, the cortical substance was found atrophied to a thin layer.

Death was caused by urea poisoning, which took the form of coma without the preliminary delirious encephalopathy.

Case VI.—Mr. H. B., aet. 55. Banker and speculator. Several times during his life had had attacks of kidney trouble which had usually been marked by "brick dust" sediment in the urine in considerable quantities. Present trouble attracted his attention some months before consulting me. He became quite nervous and irritable, and business cares began to be a burden. He found urination became more frequent, and also was obliged to urinate during the night. He consulted several medical men and received various opinions. He suspected Bright's Disease and learned all he could of its symptoms and results. The result was that when he consulted me he had unalterably concluded that if he had Bright's Disease he must die, and that very soon.

His condition was an exceedingly nervous one; pulse small, wiry, 100 to 110; slight asthmatic attacks; headache and rapidly increasing weakness; urine nearly normal in quantity, frequently passed, and occasionally with some difficulty; clear color, about normal; acid reaction; albuminous; specific gravity 1011; urea 10.394 grammes; granular casts; face slightly "pasty" in appearance; slight effusion in thorax; stomach irritable, often rejecting contents.

Diagnosis: *Interstitial nephritis.* Prognosis inclined to be favorable, but could not dissuade him from his predetermination to die. Appropriate treatment did so much for him that he made great improvement in the most important feature of the disease, viz: urea-elimination. Quantitative analysis of the urine made daily. In six weeks the urine had an average increase of 100 c. c. Specific gravity remained about the same, though greatly fluctuating; albumin unchanged; urea had more than doubled in quantity eliminated, reaching 26.51 grammes a few days before death. The last 24 hours urine was but four ounces, and scarce a trace of urea. Pulse became very

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rapid and weak. Patient extremely irritable, and ordered me to leave him. In half an hour he asked to be assisted from his chair to his bed. With little assistance he walked 20 feet, sat on the bed, fell over without a movement or sound, and died instantly from uræmic poisoning.

Post-mortem examination refused.

Case VII.—W. P., aet. 41. Farmer. Always been healthy, and worked without scarce time to eat or sleep. Consulted me for a very severe and constant pain which was located on crest of left ilium. When standing, he had the appearance of one with a dislocated hip; when walking, as of a shortened leg. I could not locate the pain by any means, and it was never explained to my satisfaction. That he suffered intensely was self-evident from his facial expression. In looking for a cause, I found a slight tenderness in the base of the bladder, and also learned that he had pain at tip of penis after urinating. This he considered as something trivial and of no importance. I examined the urine and found pus in large quantities, some blood, and traces of albumin. Bladder was so intensely irritable that sound could not be passed without an anæsthetic. No evidence of stone or tumor could be found.

Diagnosed ulceration of base of bladder with possible renal complication. Local treatment through double current catheter soon relieved, and considering himself cured, he went to work harder than ever. In about four months he had a recurrence of his former trouble in an aggravated manner. This time he consulted a mind-reading herb-doctor whose treatment was less troublesome than mine. The treatment was for "kidney trouble," a few weeks of which, according to patient's statement, nearly killed him. He acknowledged his foolish action, and humbly asked me to take charge of his case, putting himself entirely in my hands. I now diagnosed a positive and fatal kidney lesion, and took him to eminent counsel who all disagreed with me as to the renal lesion because there were no renal casts, and who attributed the now large quantity of albumin to the bladder lesion. No treatment proved curative, although at times the disease appeared to be under control.

Urination became very frequent, markedly acid, very irritating. The daily quantity about normal. It was loaded with

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pus, blood, albumin and epithelial debris. No casts were ever found. Urea decreased on an average of 20 per cent. In the latter stages there was purulent pneumonia and persistent diarrhœa as complications. For a time the patient laughed at death, but when the grim messenger was courted during the last few weeks, he refused to come until he had a mere skeleton to claim. Death was caused by exhaustion.

Post-mortem examination ten hours after death. Body extremely emaciated; no signs of oedema; face slightly waxy in appearance; lungs dark, inflamed, full of purulent matter; heart normal; abdominal viscera normal except slight congestion of the rectum and the diseased kidneys and bladder.

Left kidney contracted most, the cortical substance almost completely atrophied; the right was not so far advanced. Otherwise they were identical. Dark-red color, granular, capsules adherent, and a few small cysts on surface. The bladder was slightly congested at fundus, dark-red as the walls approached the base, and the floor was one dark, angry ulcer. The base of the bladder was much contracted and the tissues intensely thickened. Imbedded in the ulcer were small, round, smooth, white, calcareous bodies, varying from the size of a pin-head to a small pea; there were about two dozen of them.

The renal lesion was undoubtedly the primary one.

C. DEMUTH, M. D, Ypsilanti, Mich.

CLINIQUE.

SOME CLINICAL HINTS CONCERNING HEADACHE.

FROM THE OLDER GERMAN PHYSICIANS.

[CONTINUED.]

MERCURIUS SOL.—Mercurius solubilis is the remedy when the head is so full that it seems it would burst, or as if it were laced tightly and drawn together with a band. Worse at night, tearing, burning, boring, stitching. [Hering.]

Mercurius is useful in tearing, drawing headache seated in the pericranium and facial bones; also in rheumatic headaches, with vertigo and frontal headache with functional liver trouble. [Black.]

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In special aching of head and teeth, with affections of the mouth, jerking and beating pain in the forehead, temples, vertex; digging pain in the head, then tearing and stitching pain in the loose upper molars of either side, or extending from the side of the face back of the ear into the occiput, accompanied with: Dizziness, shivering, shuddering with flashes of heat, thirst, transient congestion, tendency to perspiration; great sensitiveness to each change of temperature; aggravation in the evening and at night; color of countenance sometimes yellow, with blue rings about the eyes. Rumbling in the bowels, pressure at the stomach, etc. [Schelling.]

Rademacher mentions the following forms which he cured with mercury. In general he observed that the trouble was always periodic, sometimes quite as regular at first as an intermittent fever. The exacerbations more frequently occurred in the forenoon than in the afternoon; with a longer duration, the paroxyms became more and more irregular and ran into each other. The various forms are:

1. The pain is located underneath the skull, and involves the region from the superciliary arch to the occiput. As the pain lessens, the external coverings of the skull become painful.

2. The pain occupies the region of the superciliary arch on one side and the temporal bone, the eye on the same side being involved, with fiery redness and lachrymation.

3. Dull rheumatic pain above the orbits.

In one case the patient who suffered from a dull, pressive pain lost vision, with a loss of sensibility of the pupil. At the same time he appeared as if weak-minded, repeating the same thing again and again.

NATRUM MURIATICUM.—Daily feeling of *heaviness* in the head, especially in the occiput, drawing the eyelids together. Pressure throughout the head and in the temples; headache *early in the morning upon awaking*, as if the head would burst; stitches and pressure above the eyes. Beating, hammering, pounding in the head. [Hahnemann.]

Case.—Miss L., aet. about 30 years, delicate, predisposed to melancholy, has for some years suffered from periodical headache, which was first brought on by taking cold in the head. The pain is violent, tensive, drawing, tearing from the vertex

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to the temples and cheeks, continues for days without intermission, although perhaps not with the same degree of severity, and is accompanied with toothache and profuse salivation. The saliva often fairly pours from the mouth; the gums are reddened, the entire mouth sore, there is pain in the teeth, especially in the front teeth, often tension in the entire face, head painful externally, as if ulcerated, especially when she is troubled. Menses anticipate somewhat. Complains of continued great exhaustion and a certain uneasiness or restlessness all through her, as if everything in her were in motion and trembling, and at such times she cannot keep still any where. During the last eight months every cold brought on these attacks, and Chamomilla, Belladonna and Mercurius did her no good. Natrum muriat., ^{22}, one dose each morning and evening, for a few days, cured her. Three weeks later, a severe cold brought on a return of some of these symptoms, which were then permanently relieved by the same remedy. [Oestr. Zeitsch.]

NUX VOMICA.—Young men and girls who have masturbated often experience symptoms like these: Suddenly they perceive of objects only the point upon which vision is firmly fixed, while all the rest becomes indistinct; thus, of the hand they see one finger; of a chair, only one leg. Of printed words they can read letter by letter, but are not able to take in an entire word at a glance. Appearance of bright light or fire from the canthi toward the pupil, like a wheel of fire. Lachrymation. All this is followed by the appearance of an intense, continually increasing headache, lasting 24 hours, with vomiting. A few doses of Nux vom. will relieve and cure these paroxysms. [Schrœn, in Hygea.]

Knorre found Nux vom. useful in periodical headaches commencing every morning after rising, increasing until noon, then decreasing again, pressing and tearing, with and without complications, such as pain in the hepatic region, nausea, inclination to vomit, bitter eructations and vomiting; hardness of abdomen; choleric temperament.

Nux is more adapted to men; the affection proceeds from the ganglionic system, and the hemicrania is sympathetic; in hæmorrhoidal constitutions, choleric temperament, persons accustomed to drink freely, students with sedentary habits, etc.

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The pain most frequently is a drawing-pressing; as ensation as if a nail were driven into one side of the head; on the affected side the brain feels as if crushed, bruised. In women menses too soon and too copious. The headache comes on early, right after a meal, after intellectual effort. [Tietzer.]

Nux is adapted to headaches resulting from the use of spirituous drinks; from great mental efforts, connected with congestions, especially in persons of sanguine, excitable temperament, and consisting of a distressing, indescribable feeling of a dizziness mixed with stupor, particularly when there are complications such as præcordial pressure, pain in the hypochondria, nausea, hiccough, and constipation. Congestion to the head, due to habitual obstruction or to disturbances of the portal circulation, are more quickly relieved by Nux than by any other remedy. This occurs more often in men who are constantly making increased mental effort and are confined to their desk. [Lobethal.]

Nux relieves headache due to constipation, to the use of coffee, but also headache as if caused by a nail, or jerking stitching pain with nausea and sour vomiting; when there is stitching and pressure on one side, commencing early and growing constantly worse, until he almost loses consciousness and raves and tears; any effort to think aggravates it so that it feels as if the head would burst; the brain itself is sore, as if torn; the face looks pale and haggard; the head feels heavy, with buzzing in it, with dizziness and trembling when walking; worse from motion, even of the eyes, in the open air, early in the morning and after eating, or from stooping; if the head aches externally, cold aggravates it. [Hering.]

OPIUM.—The headache which is reached by Opium either depends upon cerebral disturbance or is closely connected with disturbance in some other part of the system, as in migraine.

For several years I have suffered from an headache which is severe and has unfitted me for any mental labor; if left to itself, it continues from 4 to 8 days, and it would have led to brain trouble had I not finally taken opium. This remedy was the only one which was able to reach the pain and which finally cured me of it.

Case.—A woman has had for many years and at various

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times severe headaches. Many remedies had been tried in vain. But so great was the pain, and so long continued were the attacks, that she continued her efforts to find help. The pain attacks the left supra-orbital region, is pressing, tensive, or stabbing. Motion, noise, air aggravate it; hence she seeks quiet, retirement, darkness. The pulse is feverish. The attacks are preceded by shivering, yawning, anorexia, and irritability of temper, sickness of the stomach and inclination to vomit. Urine at first clear, then dark, with a sediment. The bodily temperature at first is changeable; later it is permanently and moderately elevated, and at last a moderate sweating occurs with decided amelioration of the condition. The attack occurs without regularity, and menstruation affects them less than the weather. During the intervals she enjoys perfect health. The patient now receives nothing but Opium during the attacks; under this treatment they last only a few hours and appear much less frequently. [Schmid.]

PLATINA.—In violent, cramp-like pain in the forehead, especially above the root of the nose, with heat and redness of the face, whining mood and too early and too profuse menstruation, Platina has been used with good results. [Seidel.]

Platina is adapted to headaches with leucorrhoea, of a nervous, tensive, cramping character, involving the forehead and orbital region. [Black.]

PULSATILLA.—Pulsatilla cures tearing pains which grow worse toward evening, or beating, lancinating pains early in the morning after rising, or at night after lying down; it occurs in jerks, stitching, tearing in the temple, likely to be one-sided. There is with it vertigo, sickness at the stomach, heaviness in the head, vision becomes somewhat indistinct, and the eyes grow sensitive to light; roaring, stitching, jerking, tearing in the ears. Pale face, with expression as if the patient were just ready to cry. Loss of thirst and appetite; shivery and anxious; occasional bleeding at the nose; palpitation of the heart. Quiet aggravates all complaints; the open air relieves them. Headaches better from pressure with hand or bandage. Useful to phlegmatic, kindly disposed people. [Hering.]

Especially indicated when the pain is tearing, beating, lancinating, jerking, chiefly in the temples and occiput, occur-

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ring in connection with other characteristics. [Allg. hom. Zeitg.]

Case.—A girl, aet. 8 years, of gentle disposition, inclined to weep readily, has for six months suffered from a left-sided headache. The pain involves the left forehead, is beating, and stitching; it comes on at one night after getting up, then after going to bed; better from external pressure and in the open air; worse in the house, when lying down, when stooping, when moving the eye. It continues for several hours, increases until it becomes intolerant, so that the patient becomes quite unstrung. As the pain lessens, violent pain in the stomach, with sour, bilious vomiting. Then colic, pinching, contractive and cramping. Sometimes these three kinds of pain appear in rotation, sometimes one on one day, another on the second, etc. Pulsatilla permanently cured the child in five days. [Pleyel.]

RHUS.—In 1839, when the type of all the prevalent diseases answered to Rhus, there occurred cases of violent headache, *one-sided*, especially in the forehead, temples, ears, and teeth, recurring periodically; drawing tearing, as if a sharp knife were drawn through the affected parts, or as if the ear, forehead and eyes were cut out. The heartiest and strongest, suffering from this pain, could not suppress loud cries when thus taken. Arsenicum in some cases gave prompt but only temporary relief; in several others Rhus cured at once. [Schelling.]

SANGUINARIA.—In migraine, or in the headache accompanied with nausea or vomiting, sanguinaria in a majority of cases is the best remedy; but it does the most good when the pain occurs in paroxysms, once in a week or at longer intervals, or when they commence in the morning, increase during the day, and last until night comes on; when the head seems full to bursting and as if the eyes would be pressed out; or when the pain is digging, or a lancinating, beating pain suddenly darts through the head; it is severest in the forehead and the top of the head, and worse on the right side. Shivering nausea, vomiting, even to bilious vomiting, and forcing him to *lie down quietly*, since every motion aggravates. Sleeping relieves the pain. [Hering.]

SEPIA.—Dull, stupid, dizzy feeling of the head, with inca-

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pacity for intellectual work; headache with nausea; attacks of a gouty nature, with boring pain, causing loud outcries, and accompanied with vomiting; pulsating pain in the head, especially in the occiput; rush of blood to the brain when stooping forward; coldness on top of the head. [Hahnemann.]

Sepia is adapted to pressing or boring, also pulsatiug, headaches, chiefly in the temporal region, or under one of the frontal eminences, which often does not bear the least touch. The severity of the pain may give rise to outcries, with nausea and vomiting. Motion is unsupportable, and usually relief is felt from remaining perfectly quiet and with closed eyes in the dark. Desire to go to sleep, with ability to do so; the sleep affords relief. [Hering.]

Pressing, stitching, drawing, tearing headache in all parts of the head, with heat in the face, roaring in the ears, nausea and vomiting, vertigo, feeling of weakness, often with inability to endure warmth. The stitching pains are not nearly so violent as often described under, and as are caused and cured by, Aconite, Rhus, and Pulsatilla, neither are they so constant; under Sepia they occur in paroxysms after longer or shorter intervals. The pressing pains are located chiefly in the occiput. [Kreussler.]

It occurs in women, and is hysterical; in old cases, where the nervous system is chronically out of sorts. The pain is one-sided, stitching, and leucorrhœa exists between the menstrual periods. If there is present sudor hystericus, a peculiar sweetish perspiration in axillæ and soles of feet, Sepia is sure to help. The hemicrania is the outcome of some affection of the reproductive system; the countenance expresses suffering, and the features are distorted. Complexion pale, dirty, yellow; figure graceful. The pain is mostly stitching, often pressing or boring, tearing, jerking, with a passive cerebral congestion. [Tietzer.]

Sepia is adapted to nervous, rheumatic, gouty headaches, particularly in delicate sensitive women. [Black.]

SILICEA. Applicable to beating, pulsating ache, with heat and rush of blood, excited by an effort, talking, stooping forward, nightly pains extending from the neck to the top of the head; neuralgic, tearing pain every forenoon; seems to crowd

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as if it would make an exit through the forehead; when hard sores appear on the head, the hair falls out, and the skin becomes very sensitive. [Hering.]

Headache from the neck to the vertex, preventing sleep at night; daily headache, tearing in the forenoon, with heat in the forehead; from noon until evening, a heaviness which becomes a crowding through the forehead; bursting pain; sweating of the head in the evening. [Hahnemann.]

Headache due to organic causes or to excessive study, or to nervous exhaustion depending upon any other cause, with vertigo, and weakness of memory. [Black.]

SPIGELIA.—Left-sided hemicrania, involving the entire side, both face and teeth. The pain is digging, tearing and heavily pressing, worse from stooping, from the slightest motion in the open air, from each loud noise. Tendency to gouty affections in other parts of the body. [Tietzer.]

In nervous rheumatic headaches, with heavy, pressing pain extending into face and neck, worse from touch, motion and noise. [Black.]

In the winter of 1845, during severely cold, rainy weather, there occurred six cases of one-sided headache occupying one or the other superciliary region, with violent beating or a pulsating stitching and tearing pain, with redness and lachrymation of the affected eye, exactly occupying a cycle of 24 hours. Spigelia ^{200} cured promptly. [Nehrer.]

The type is characteristic. The pain occurs in the head, eyes, face and teeth, more often in the morning until noon; motion, and especially stooping forward, agravates the pain. One of the key-notes is "pressure in the head, from within outward" and "sensation as if the contents of the cranium were trying to crowd out through the forehead," both of which are worse from stooping. The latter is found prominently under Ignatia, Pulsatilla, Colocynthis, Bryonia, Belladonna, etc. But the above aggravation is peculiar to Spigelia. The face is pale. [Hering.]

Case.—A man, aet. 25 years, of choleric sanguine temperament, robust constitution, three years ago was taken with violent headache, which was repeated two years, and again a year, ago. There was uninterrupted, violent pain, now jerking and

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tearing, then sawing, as if the nerves were cut into by fine instruments, involving at this time the right forehead and temple, and extending into the eye and upper maxillary. The right eye is considerably inflamed, with free lachrymation, pressure in the eyeball from within outward, and intolerance of light. Burning heat in the affected parts and the face. The temporal arteries are congested, throbbing; cold in the head, disturbed sleep. Belladonna, and others, gave no relief; the pain became intense and extended into the teeth. Cured promptly by Spigelia 30. [Romig.]

SULPHUR.—Nightly headache upon the slightest motion in bed. Heaviness in the head, especially in the occiput. Each day drawing headache, as if the head would burst. Stitching, buzzing headache. Beating headache in the vertex, coldness; a cold spot in the head. [Hahnemann.]

In beating, tearing headaches, with heat in the morning or at night, with nausea, worse in the open air, better in the house; tearing with stupefaction, pressure; occur weekly, with falling out of the hair, suppressed eruptions and boils. [Hering.]

Sulphur is indicated in headache, which is located in the forehead and vertex, when the patient complains of hot head and cold feet, the head is pressed together, and there is hammering and ringing in the ears; further, in congestive states, affecting the head, in individuals of sedentary habits, suffering from constipation and haemorrhoids, who have had old eruptions etc. suppressed or in whom the haemorrhoidal discharge has been stopped. [Black.]

THUJA.—Tietzer uses this remedy in hemicrania when there is reason to presume the existence of sycosis.

The pain by preference involves the left side, and seems to spread in rays; it is tearing in the forehead and face, as far as the zygoma. There is the peculiar sensation as if a convex button were being pressed into the head, particularly in the neighborhood of the sutures, or as if a needle were being crowded in by jerks. If there is reason to presume sycotic taint and the difficulty is of long stadding; when the ache grows worse during rest, from warmth, especially in bed; when it is reduced by looking upward, with the head bent back;

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when there are present rheumatic and gouty exacerbations, then Thuja is the specific.

VERATRUM.—In nervous headache of young girls and hysterical women, with pale, earthy countenances, and nausea and vomiting. [Lobethal.]

An excellent remedy in pressing, beating, nervous headache, involving one side of the head, with stiffness in the nape of the neck, and a feeling as if the head would burst, accompanied with vomiting. [Black.]

Useful when the scalp is sensitive and painful upon combing and handling the hair; diarrhœa; pains so excessive that the patient raves; or the patient is remarkably weak, faint, worse from getting up and lying down; accompanied with cold sweat, coldness and thirst. Also when continued constipation gives rises to congestion to the head, with one-sided pain, pressing, beating, feeling as if the brain were bruised, with a contractive feeling, or a constriction, extending into the throat, or with pain in the stomach, painfully stiff neck, copious evacuation of limpid urine, nausea, vomiting. [Hering.]

ZINCUM.—A girl, aet. 24 years, robust, regular, has for four years suffered from a presssng, tearing pain in the occiput; stitches in the right eye; tearing and stitching in the ears, then in the teeth. The attacks increased each year in severity, until her mind commenced to fail. Belladonna helped the eye, but otherwise produced only an amelioration; Zincum ^{30}, after thirteen days, cured her. [Schulz.]

STRAWS.

EXPERIENCE WITH PHYSALIA.

In Allen's Encyclopedia we have a meager proving of the Physalia or "Portugese Man-of-War." In a long article descriptive of this marine animal, written by C. F. Holder, and published in the *San Francisco Call*, there is a statement of the effects produced by its poison which should be known to the profession. The statement is as follows: "The Physalia stands in the same relation to many other marine animals of its size as a well fitted submarine torpedo-boat would to an old line-of-

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battle ship of the Constitution class. If we but touch the purple tentacles a realizing sense of this power is at once experienced. The finger stings as if needles had been thrust into it, and when the tentacles are placed upon a portion where the flesh is delicate, the pain can only be compared to that produced by melted lead or hot oil, and I am competent to speak on the subject, as I once nearly lost my life in an engagement with the little craft. I had a habit of swimming upon my side, an unfortunate one, as the view to the right was concealed, and in this way, one day, I swam over the tentacles of a large man-of-war. I was in about seven feet of water, and the contact immediately gave me such a shock that I almost lost the power of motion, and sank. As I struck the bottom with my feet I pushed up and partially recovered myself—sufficiently, at least, to call for help. Some laborers at work near by sprang into the water and carried me ashore, and by this time I could breathe with extreme difficulty, this being the most serious symptom. The purple mass was scraped from the flesh with knives and razors, but it seemed to have sunk into the flesh. A liberal application of oil outwardly and stimulants inwardly brought me around in a few days, though for six or seven months afterward I could very readily have passed for a tattooed man, the entire middle and lower portion of the body being covered with the most fanciful tracings imaginable.

I have found a large turtle lying upon the surface perfectly paralyzed, having these tentacles wound about its head. I lifted the turtle in and applied the oil and scraping, and it recovered after a while. When feeding, these attractive tentacles are lowered as far as possible, and small fishes bite at them. I have seen a sardine turn upon its back the instant it made the attack, the force of the shock proving fatal at once.

In the West India Islands it is said that the powdered tentacles of these animals have often been used as a poison, being introduced into the food of the victims. Dr. Leblona, a French scientist, is one authority for the statement, and he thus describes the effect of accidentally eating it.

"Supping at an auberge on one occasion, with other persons, a becune was served up, of which gastronomers are very

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fond and which is usually very harmless. Five persons partook of it, and immediately afterward exhibited every symptom of being poisoned. *This was manifested by a terrible burning heat in the region of the stomach.* I bled two of them; one was cured by vomiting; one other would take nothing but tea and ordinary culinary oil. *The colic continued during the night* and had disappeared during morning, but *he entertained such a horror of water that during the remainder of the voyage a glass of it presented to him made him turn pale.* I concluded from this and other facts that the fishes that eat Physalia become a poison to those that eat it."—*W. D. Gentry, M. D., in The United States Medical Investigator.*

A NEW METHOD FOR THE REMOVAL OF INTRAMURAL UTERINE TUMORS.—"After severe losses in removing intramural uterine tumors through the abdominal or vaginal walls, I decided either to abandon entirely any attempts of extirpation of these tumors, or to find a method that would give a reasonable show of favorable results. Lately I have found that continued intra-uterine injections with diluted subsulphate or sesquichloride of iron produce a discharge of mucous membrane, as well as of muscular stratum, and that, combined with the effect of contractions always evoked by these injections, causes the intramural tumors to be forced into the uterine cavity, where they may be easily seized and extracted. I will give the minute details of these proceedings at another time, and will now merely formulate the conclusions which I have arrived at after a careful study and a good deal of experience: 1. Extirpation of intramural uterine tumors through the abdominal or vaginal walls is as unnecessary as it is dangerous; while, 2. There are certain procedures which always transform the intramural into an intra-uterine tumor, which can be easily extirpated; 3. These procedures should be made use of in the removal of intramural tumors, being entirely harmless, and never endangering the the life of the patient nor maiming the sexual organs; 4. Even the largest myoma might be easily removed by this operation; 5. Only tumors situated on the surface of the uterus are excluded from this procedure. I have operated on cases in which large doses of ergot had been taken for a long time without the slightest effect, and in one

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case in which the tumor had existed before marriage, and a child had been born without the tumor losing its size or changing its position. I will furthermore say, that I have operated in private as well as hospital practice, so that there cannot be any doubt of the reality of the facts."—*Dr. O. Stroinski, of Chicago, in the New York Medical Record.*

THE TREATMENT OF CONSTIPATION BY MASSAGE.—In the introductory lecture to the course of Pharmacology and Therapeutics delivered at the Westminster Hospital Medical School, Dr. Murrell referred at some length to the good results recently obtained in the treatment of habitual constipation by means of massage. The method he employs is a modification of that originally introduced by Mezger and Von Mosengal. *Pétrissage* of the abdomen is of essential value, the manipulations in the direction of the ascending transverse and descending colon. It is usually associated with various forms of *tapotement*, for the production of which the open hand, the partly closed hand, or its radial or ulnar border, may be employed Vibratory movements are resorted to in obstinate cases, and it was stated that the action was usually remarkably prompt and certain. The best results were obtained in cases of constipation associated with obesity, especially when the patient was unable to take much exercise. It probably acts in three ways, —(1) by increasing the intestinal and other secretions; (2) by stimulating the peristaltic action of the intestines; and (3) mechanically, by pressing the accumulated fæces towards the rectum. The treatment is well known on the continent, and will, doubtless, in time be generally recognized in this country *Medical Press*, May 19, 1886.

CHAT ABOUT BOOKS.

A DECALOGUE FOR THE NURSERY. BY S. J. DONALDSON, M. D. BOSTON. OTIS CLAPP & SON. 1886. 278 pp.

It is rarely that a work of the nature indicated by the title is destined to accomplish any good either for the "cause" or for humanity. Upon general principles, two-edged tools are bad playthings for children, and the ordinary "nursery book" is quite as baneful for both mother and

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babe. When this little work fell into our hands, we frankly confess that it was with no exaggerated degree of patience that we began to "look it through." The author's object, as stated in the preface, seemed a laudable one, and with much care and increasing interest the several chapters were read. Just how a safe book of instruction can be written so that the intelligent mother or nurse can profit thereby, is a problem difficult to solve. Donaldson has, however, approached a solution more closely than has any of the predecessors, though, in the judgment of the reviewer, he has done his work a little too well—dealing in some instances with technicalities and pathological facts rather too complex for the average lay reader.

The first chapter is devoted to the washing and clothing of infants, and the general rules given, although not tedious, are very explicit and abound with good common sense. It dwells upon the injurious effects of too excessive bathing of infants and children, and discourages the unnecessary rubbing to which so many mothers resort, a habit to which the peevishness and restlessness of many children is very properly attributed. The proper time for bathing, the temperature of the water, etc., are all duly and properly considered.

Chapter second treats of the natural bodily posture in infants, a subject which, by the way, the author has mastered perfectly in its relation to both infant and adult life, having a most admirable paper on "bodily posture in gynæcology" in the May, 1885, number of the *American Journal of Obstetrics and Diseases of Women and Children.*

The third, and perhaps the most important, chapter in the book is devoted to the subject of infant diet. Mothers should be as familiar with this chapter as with the letters of the alphabet, and there are altogether too many physicians who are inexcusably ignorant upon the subject. Here it is that the seeds of cholera infantum, that most destructive of all diseases of childhood, are sown, and many other diseases have their starting point in an error of nutrition. The anatomy of the digestive tract is first briefly described and then the physiology is discussed in such a manner that the intelligent mother can readily appreciate the *whys* and *wherefores* of adopting a diet suitable to the age of the child. The manner and time of feeding are referred to, and the pernicious habit of constantly "stuffing" a babe receives a just condemnation. In the fourth chapter the subject of dentition is properly handled.

Chapter five is devoted to ventilation, the importance of which is very forcibly impressed upon the readers by two or three common, yet too often unknown, examples of the effects of oxygen and carbonic acid gas upon the blood. Chapter six dwells upon "nursery appurtenances," teaching the proper means of amusement, and the safeguards necessary to prevent accidents. Chapter seven briefly alludes

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to the early indications of disease, dwelling upon the "significance of the cry of infants, gestures and movements," the signs of convulsions and pulmonary affections, of diphtheria and croup, differentiating between the true and false variety of the latter; the early indications of tuberculosis are likewise referred to. Chapter eight is devoted to a discussion of what the author has been pleased to term "the right and wrong use of drugs," and the subject is handled in such a way as to really constitute a most valuable missionary tract for homœopathy. Exceptions may be taken by many to the views held on the mooted question of primary and secondary drug action, but the author has such a clear and concise way of handling the subject that the great advantages of the law of similars are clearly demonstrated. The ninth chapter forms an epitome on the treatment of the various diseases enumerated in chapter seven, the lay reader being advised under all circumstances to call a physician, when one can be had, for the more serious affections. The treatment of diarrhœa, dysentery, prolapsus ani, umbilical hernia, constipation, incontinence of urine, eczema capitis and colic is also considered. The pernicious and baneful habit of giving opium in any form is condemned in the most forcible language, and those mothers who relegate the care of their infants to nurses are cautioned against its secret administration. The therapeutic use of alcohol is condemned in language equally strong. Chapter ten discusses the "selection, preparation and use of drug remedies," giving a list of twenty-eight polychrests, followed by brief indications for each drug. The work closes with a chapter treating of disinfectants, house sewerage, rest as a remedy, the use of barley, gum Arabic and lime water, etc.

While the reviewer cannot agree with all of the recommendations made by the author in the way of therapeutical applications, the work is eminently a practical one and by all odds the best thing of the kind ever published in the homœopathic, or any other, school. It fulfills its mission in a very different way from most works of the kind, making no effort to usurp the powers and duties of a physician, but rather to keep the mother from wrecking the little one's life upon the shoal of powerful drugs and quack medicines, demonstrating most clearly the great superiority of the homœopathic over the dominant system of therapeutics. In short, it is a work that the physician can hand to the young mother—and the mother of professed experience too—in order that she may acquire that knowledge which all mothers ought to possess.

Otis Clapp & Son have, as usual, done their work well. J. C. W.

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MEMORANDA.

Attention is called to the advertisements of the Murdock Liquid Food and to the old and reliable firm of Frederick Stearns & Co., of Detroit, Mich.

The next number of THE COUNSELOR will contain an interesting report of the recent meeting of the New York State Homœopathic Medical Society held at Niagara Falls, and brief articles from Profs. E. M. Hale, J. C. Morgan, and others. The friends of THE COUNSELOR are earnestly invited to contribute to its pages.

About the campus more than the usual activity prevails. Students are coming in on all trains, and, judging from the number of those already matriculated, the University of Michigan in all its departments will reach its full average number of students. The homœopathic hospital has been thoroughly overhauled, the carpenters and painters having been in full possession for many weeks past. The new dispensary adds much to the convenience of all, and not only presents a tidy and inviting appearance, but will greatly add to the ease and comfort of the clinical work. The faculty offices and other rooms have been renovated, newly carpeted and painted, and altogether there is about the building an air of being "ready for business" which is bracing.

The Minnesota Homœopathic Medical College has become an accomplished fact, the first annual announcement being on our table. Its faculty consists of the following gentlemen: Philo L. Hatch, Prof. of Obstetrics; David M. Goodwin, Prof. of Principles and Practice of Surgery; Henry W. Brazie, Prof. of Physiology; Albert E. Higbee, Prof. of Gynæcology; John F. Beaumont, Prof. of Ophthalmology and Otology; George E. Ricker, Prof. of Theory and Practice; Wm. E. Leonard, Prof. of Materia Medica and Institutes; Robert D. Matchan, Prof. of Clinical Surgery; S. M. Spaulding, Prof. of Mental and Nervous Diseases; Pearl M. Hall, Prof. of Clinical Medicine and Physical Diagnosis; Martha G. Ripley, Prof. of Pædology; Samuel A. Locke, Prof. of Chemistry and Toxicology; S. Francis Brown, Prof. of Chemistry and Toxicology; Henry G. Hicks, Prof. of Medical Jurisprudence; —— ——, Prof. of Pathology, Histology and Microscopy; Cyrus F. Mitchell, Demonstrator of Anatomy; Asa S. Wilcox, Adjunct to the Chair of Surgery. The formation of a new college might be made a text for a long sermon, and even the most enthusiastic might not clearly see the necessity of this supply of "a long-felt want;" but since our Minnesota brethren believe that such a want *has* long been felt, we will loyally abide by their opinion. The one regret, however, is the fact that the new college at once steps into the ranks of the two-term colleges; had our brethren shown sufficient backbone to INSIST upon a three-years course, and long terms, then they might truly demand the support and, if they so desire, the prayers of the righteous. Nevertheless, we heartily wish them success.

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THE

MEDICAL COUNSELOR

—AND—

MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

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EDITORIAL CHAT

The *Monthly Homœopathic Review* (London, Eng.) of September, 1886, in discussing editorially the recent "International Homœopathic Medical Convention" uses language at once so moderate in tone and so thoroughly just in its censure of the course pursued by some of our German and Belgian colleagues that we cannot resist the temptation to reprint the larger part of the editorial. Our British contemporary says:

"In the face of difficulties few, besides its Permanent Secretary, would have been willing to encounter, the International Homœopathic Medical Convention of 1886 has been held, and the advantages that have sprung from it, intellectual, professional and social, have received thorough appreciation from every one present at it. The sentiment which found the fullest expression from the lips of each member when the time for separation arrived was, "I would not have missed attending this meeting, on any account." Never have we taken part in a similar gathering when more real or earnest work was gone through, when greater cordiality was apparent, or when the stimulation to prosecute the dissemination of the truths of homœopathy, still more earnestly and seriously, afforded by the comparing of notes and discussion of topics of mutual interest was greater than it was at Bâle during the first week of last month.

That, for a meeting of the kind, the number attending it was small is only too true. That it was not fully three times larger than it was is entirely due to the faint-heartedness of Dr. Martiny, of Brussels, the active opposition of Dr. Weber, of Cologne, and the resolution of Dr. Lorbacher, of Leipsic, to withhold any information regarding the arrangements for the meeting from the readers of the *Allgemeine Homöopathische Zeitung* during the entire month before it was held.

Dr. Martiny, who, when communicated with in 1881, expressed

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himself as so ready to make all the arrangements for a Convention at Brussels in 1886, after the issue of a few formal circulars, and without taking the smallest possible notice of the permanent secretary, quietly took upon himself to postpone the meeting for a couple of years and to alter the *venue!* And not only so, but he did this within three months of the time when it had been announced that the meeting would be held. The totally inadequate efforts made, and the purely formal measures adopted by Dr. Martiny and the Committee of the Association Centrale des Homœopathes Belges towards securing a meeting and providing material for the discussion of its members having necessarily failed, instead of intimating the fact at headquarters, and seeking the aid of the permanent secretary, these gentlemen threw every conceivable obstruction in the way of a convention being held, not only in Brussels, but in Belgium! Having failed themselves, they thought, we presume, that it was impossible for any one to succeed! As it has turned out, we feel perfectly certain that, had Dr. Hughes been consulted, ere any public notice of the fiasco of Dr. Martiny and his associates had been made, instead of a meeting at Bâle of some forty physicians, there would have been an assembly at Brussels of at least one hundred and thirty! Had such a meeting taken place in the city, no one can doubt that the hands of those who are supposed to be interested in promoting the spread of homœopathy in Belgium would have been greatly strengthened. As it is, they have gained nothing, while they have brought discredit upon themselves by this exposure of the weakness of their powers of organization and of the apathy which prevails amongst them in all that concerns the public interest of homœopathy.

In his determination to prevent the assembly of a convention of homœopathic physicians at Brussels, Dr. Martiny met with a hearty sympathizer in the person of Dr. Weber, of Cologne, who addressed a long letter to the *Allgemeine Homöopathische Zeitung* and *The Revue Homœopathique Belge*, from which we gather that, in his opinion, German homœopathic physicians do not care to meet their professional brethren from other countries, that no good can arise from such gatherings, and that Dr. Martiny and the Association Centrale des Homœopathes Belges are to be thanked for, as he thought, putting an end to that already proposed to be held at Brussels. If we have understood Dr. Weber aright, we are sorry for him, for the condition into which German homœopaths—if he estimates their feeling correctly—have sunk, and for the poor prospect which such a state foreshadows for the development of homœopathy in that country in which it was first announced.

Dr. Lorbacher seems to have taken a lesson in his method of treating Dr. Hughes' determination to convene a meeting, from the mode in which the allopaths have treated homœopathy. So long as there

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was a tolerably good chance of smothering it, he protested against it, but when this was obviously lost, he at once entered on a "conspiracy of silence!" For four weeks before the meeting was held, not a word appeared in Dr. Lorbacher's journal, *Allgemeine Homöopathische Zeitung*, respecting it. And not only so, but anxious for the success of the convention, and desirous of having the assistance of our German colleagues in rendering it a success, as well as of making their personal acquaintance, Dr. Hughes addressed a letter to Dr. Lorbacher's journal regarding the arrangements that had been made—and Dr. Lorbacher did not publish it!

In the number of his journal for the 3rd of August—the day appointed for the convention to assemble at Bâle—Dr. Lorbacher offered, as an excuse for this omission, the statement that on the 26th of June he had declared the discussion on the convention closed in his journal. For discussion there was no occasion, no desire. It was the continuous announcement of the approach of an event of importance to all physicians in Germany who take a real interest in the progress of homœopathy, that was expected from the editor of a medical journal advocating homœopathy, and presumably alive to a sense of his duty as such.

How is it possible for a therapeutic method to be cultivated, to be so much as known, in countries where those who assume the position of leaders in its development throw such obstacles as these in the way of its propagation and cultivation? That public and professional interest in homœopathy is, to a large extent, stagnant in Germany, is well known; that it is not more so is, under such circumstances, remarkable, and nothing but the greatness of the truth it conveys can account for its possessing any hold upon the public mind there at all.

When, however, we pass from the consideration of the number present to regard the other features of the meeting, we have nothing but success to record. Few as were there, England, the United States of America, France, Belgium, Denmark, Germany, Switzerland, and Italy were all represented. From the representatives of each we heard of the work being done in each; the discussions on Materia Medica and Practical Medicine were both encouraging and instructive; the genial, kindly feeling which, without a single *contretemps*, pervaded the assembly, was most gratifying; while the social intercourse, for which ample opportunities were provided, was full of pleasure to all, and cannot fail to bear good and useful fruit in the future.

That the convention occurred at all, that any material was provided for its instruction and discussion, that the arrangements for the comfort and convenience of all were so complete, we are indebted to Dr. Hughes, whose energy and capacity for organization, though often effectively displayed ere this, have never been brought into such bold relief before. While the assistance rendered by Dr. Meyhoffer, as

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president of the first convention of the kind held in his native land, and of Dr. Roth as interpreter, were warmly acknowledged by every one. Dr. Roth's readiness to assist in every way was as great as it was efficient. No sooner had an Englishman addressed the meeting, than he first of all gave, and that very fully, the substance of all he had said in French, and that completed, he proceeded to make "the same trip" in German. But over and above this service Dr. Roth gave one of the most comprehensive and at the same time succinct addresses on Hygiene—doing so first of all in English, then in French, and finally in German—we have ever had the pleasure of hearing. And further, when asked by one of the members to give a lecture on *Dress* he at once consented, and, at the conclusion of one of the social gatherings in the evening, delivered a most instructive address on that subject which he has so largely made his own. It was, in short, the unanimous opinion of all present that Dr. Roth had contributed very greatly indeed to the success of the meeting, and to the pleasure of all who attended it."

It is evident that the course of Drs. Martiny, Weber and Lorbacher, and of their co-laborers and sympathizers in this attempt to strangle the International Convention, deserves unmitigated censure. No possible excuse can be made for their refusal to lend their influence to Dr. Hughes in his most commendable effort to make such a meeting possible when the physicians to whom had been intrusted the important task of making all needful arrangements for the convention had deliberately betrayed their trust. No amount of argument to show the utter impossibility of holding a successful meeting at Brussels can wipe away the disgrace which will ever be attached to the deliberate purpose of doing all that could be done to make success an impossibility.

Some years ago an American homœopathic physician visited Germany, and in a letter to a friend stated that his respect for, and his faith in, homœopathy grew less and less daily as he drew nearer the places from which emanated the homœopathic doctrine, and he left his professional friend to draw the inference that by the time he returned to this country his conversion to the so-called "regular" school might be completed. This latter calamity never occurred, although we have often recalled with considerable wonder the above statement whenever the same colleague has attempted to pose in the, to him, unbecoming attitude of a champion of "purism." We can now under-

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stand the force of the impression made upon his receptive mind by the inactivity and lack of zeal which must have met him in Germany, and will no longer judge him severely.

American homœopaths were represented by Drs. O. S. Runnels, of Indianapolis, Wilder and Cowl, of New York, Walter Wesselhoeft, of Boston, Hobart and Ludlam, Jr., of Chicago, Rush, of Salem, Ohio, Leseure, of Detroit, and Foster, of Kansas City, Mo. Our British colleagues sent some of their best men, Hughes, Roth, Pope, Cooper, Clark, and others, and took the leading part in the conduct of the convention and in its deliberation.

The papers read appear to have been of a varying degree of merit, in the main creditable to their authors and of interest to the audience. The very best of feeling pertained throughout, and the convention in very many respects was undoubtedly a source of as much pleasure and profit to its members as it would have been, had the attendance been large.

The next meeting (1891) will be held in America. We may safely venture upon the assertion that nothing will be left undone to insure its success, and that the attendance will be very large. We hope that by that time those of our European colleagues who have been indulging in a nap à la Rip Van Winkle will have awakened sufficiently to become once more a factor for good in the great body of the profession.

THEORY AND PRACTICE OF MEDICINE.

HOMŒOPATHY APPLIED.

CHRONIC MALARIA.

R. St., 64 years of age; has had chills and fever for the last 30 years. He had been living all this time, and longer, in Jersey City Heights, a place in the suburbs of New York, on the western shore of the Hudson, located on that hilly district formed by the most southern extremity of the Palisades, and between the swamps and the low grounds of Hoboken on one side and Bergen on the other. The inhabitants of these flatlands do not suffer from malaria in any proportion as do those of the elevated localities near by.

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As stated above, our patient had been the victim of malaria for 30 years uninterruptedly. During this time he swallowed quantities of quinine with but temporary relief; necessarily so, as quinine was no more the homœopathic remedy than pumice-stone. The symptoms he now presented were very few, and it was very difficult to get any more out of him, as he was almost entirely deaf, using a large ear-trumpet into which I had to yell fortissimo; but there were sufficient points mentioned for me to prescribe.

The fever picture in itself was very meagre as to its indications. He felt constantly chilly, in fact cold, sometimes with a sensation as if cold water were pouring down his back; there was never any heat or sweat. Although there were no marked paroxysms now, aggravations of coldness and weakness would come at various times of the day, but especially in the forenoon; his sleep was poor, and so was his appetite. He would feel faintish and apparently hungry, but a few mouthfuls would fill him up, and he could eat no more for several hours; thirst was not very marked. I will state here that he had stopped the regular use of quinine for several years, supplanting it by nostrums of various descriptions and patent medicines. All these failing, however, he had quit taking any more medicine until he had been urged by another patient of mine in his neighborhood to try homœopathy under my direction.

Here was a chronic case, of constant suffering, that had been under the influence of various remedies in large quantities for years; it had been without medicine long enough to invalidate the argument of advocates of the *expectant method* that it had been cured simply by tincture of time, and I considered it an excellent test-case for the effect of high potencies. For, if I could get the similimum and give it high, and then let it act and perform a *cure*, I should consider that *positive clinical evidence* against which nobody could object, or if so, I should be anxious to hear the objections, for the sake of truth and science.

The remedy in Mr. St's. condition proved to be *Lycopodium*, for the following reasons:

It was not so much the peculiarity of the attack, as many remedies would give a similar picture in regard to chilliness,

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weakness and time. I went for the concomitants; and they should be our first indications for the selection of a drug. Let me state right here that I think a good guide, to find the right remedy, would be to go to work in the reverse order that we employ in making our diagnosis. Here, the concomitant symptoms and circumstances are the last in order, the pathological condition takes first rank; when prescribing, the concomitants and circumstances demand our first attention, while the pathological condition is of quite inferior importance.

In the case before me, the quick satiety after eating a few mouthfuls was my first key for the drug. *Lycopodium* shares this most prominently with *Sepia*. Now let us compare the two remedies with relation to malaria, and we find the following in *H. C. Allen's* excellent treatise on "The Therapeutics of Intermittent Fever":

Sepia has a chill with thirst;

Lycopodium, chill without thirst; and so had my patient.

In *Sepia* the chill begins with very cold feet and from there spreads over the whole body. A marked indication for *Sepia* is: icy-cold and damp feet all day, like standing in cold water up to the ankles;

So has *Lycopodium*, but not marked.

More characteristic in this remedy is *chilliness starting from the back, with a feeling as if water were spurted on the back;* and so it was with my patient.

The time of aggravation in the case before me was not that considered characteristic for *Lycopodium* usually, and here I shall quote *H. C. Allen*, op. cit., p. 164: "This remedy is frequently rejected, when indicated in intermittent fever and the red, sandy sediment is not present in the urine. . . . . No single symptom, however guiding, is sufficient to warrant a prescription. If the totality corresponds, Lycopodium will cure, irrespective of time of paroxysm."

For the sake of instruction, I am glad to be able to present a case with very few indications, the constant cries of our "*half breeds*" being, that a true selection of similars cannot be made on a few vague symptoms. Here, these few symptoms are *all* found in *Lycopodium*, and *nowhere else in their totality;* consequently nothing else could be indicated, and for the sake

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of testing once more the decried high potencies, the 1000th of Tafel's preparation was given on the 4th of May, 1885, a dose morning and evening for five days (for safety's sake), and *Sacch. lac.* for two weeks to follow, after which time the report was: no more chills, still a general cold feeling; can eat a hearty meal with good appetite. ℞, *Sacch. lac.* for two weeks again.

May 28th.—No more sensations of coldness, appetite splendid; again *Sacch. lac.*

June 10th.—Cold sensations came on again, but only on cool, damp days, and then only in the morning after 10 A. M.

Considering the prominence of coldness in this case, and the newly reported symptom of aggravation on cold, damp days, made me think of *Grauvogl's* "Hydrogenoid Constitutions," and I interposed *Aranea diadema*, two doses, followed with *Sacch. lac.*, although this may have been superfluous.

I did not hear of my patient until May 9th, 1886, when he stated that since the last prescription, on the 10th of June, he had felt excellently, when his chilly feelings returned, just about 10 A. M., lasting till noon. He looked much better and could find nothing abnormal whatever in his feelings, except this morning chilliness. This time I had nothing else to guide me than the hour; therefore I gave him *Natrum mur* ^{1000} (Tafel) for two days, morning and evening, *Sacch. lac.* for four weeks. April 6th reported: feeling well; and that was the last I have heard of my patient until recently I learned indirectly that he had never experienced better health.

M. DESCHERE, M. D., New York.

NOTES OF SEASIDE SUMMER PRACTICE.

DROWNING.

Cases of drowning usually fall into the hands of physicians, after their resuscitation, when struggling in the vital reaction. This is of a typhoid type; a sort of congestive fever, with a stupid mental state, and a dark redness and heat of skin, with rheumatoid pains and restlessness.

In this connection I may allude to the recent narrow escape of Dr. J. M. Ward, now about 80 years of age, having his summer residence at Ocean Grove, N. J., and formerly Professor of

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Obstetrics in the Homœopathic Medical College of Philadelphia. After his rescue from the water, in which he has been a bold as well as experienced bather, he remained unconscious, and was placed in charge of Dr. J. R. Tantum, also a summer resident—whose efforts were completely successful in his restoration to health. He treated him with *Ipecacuanha*, as the gastric symptoms required, at first; followed by *Rhus tox.*, and for chest symptoms, afterwards, *Bryonia.*

Some years ago, at Atlantic City, two chambermaids of the Surf House, where I sojourned, were rescued from drowning, and became my patients. The group of symptoms first alluded to was present, and the whole trouble yielded beautifully to *Rhus tox.* 200th. The old keynote to this drug should never be forgotten, viz: effects of thorough wetting, cold bathing, exposure etc. A large amount of mental shock is, I find, an additional factor in these cases; and a third is, exhausting muscular strain—and thereby the Rhus indication is much strengthened.

OTITIS.

There are not a few cases of tympanic inflammation, due to one of two causes, viz: direct atmospheric exposure, and the effects of bathing; or, the irritation of sand lodging at the bottom of the external meatus. Sometimes, of course, previous accumulations of wax and epithelium may make trouble. The speculum and syringe, with warm water, should be used to aid the diagnosis, and the latter also to remove the foreign matters. Then, sometimes *Aconite*, sometimes *Rhus*, or *Chamomilla*, Puls., Merc., will complete the cure.

This season, a young man called upon me who was almost frantic with pain in his right ear. I found the membrana tympani encroached upon by the surrounding red, swelled and inflammed cutis, and itself opaque, like ground glass. *Chamomilla* ^{200}, in frequent doses, speedily relieved him, and on a second speculum examination the lesion was found subsiding finely. The hearing distance was increased from 5 to 15 inches. He being a New Yorker, and about returning home, I referred him to Dr. H. C. Houghton, of that city, for further treatment.

Several years ago, a lady here called upon me with similar, but less acute, symptoms, which she attributed to bathing.

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On inspection of the meatus and membrana tympani, I discovered some granules of sand, six or eight in number, lodged at the lower edge of the membrane, and developing inflammation. The syringe, with warm water, soon brought these away, and after a few doses of *Aconite* she was well.

When the bather fears to go out beyond the breakers, this is a probable trouble, since the agitated water holds much sand in suspension—sometimes even the coarser, but always the finer, particles.

Such persons are also in the habit of holding by the life-lines, and the breakers being much more violent than the unbroken waves beyond, they are severely wrenched by their force—another frequent indication for *Rhus tox.*

JOHN C. MORGAN, Philadelphia, Pa.

BRIGHT'S DISEASE.

CASES AND POST MORTEM EXAMINATIONS.

[CONCLUDED.]

Case VIII.—A. S., æt. 68. Retired farmer. For twelve years has had gradually increasing paralysis agitans. Began in hands, and finally became so severe that he was practically helpless. Has always been a strictly temperate man, yet the face was typical of alcoholism. Had been troubled more or less with kidney difficulties all his life. His grandfather, father and brothers died of "kidney disease." For twenty years his urine had been, most of the time, high-colored, scanty, irritating, and frequently passed. When called to see him he was confined to the house; could walk only with assistance; was very nervous; could not sleep without anodynes; pulse averaged above 100; small and weak; asthmatic condition; could not sleep lying down, and had more or less general and changing aches and pains. Limbs below knees slightly œdematous. Skin dry and harsh. Stomach irritable and sometimes rejected contents. Bowels constipated. Urine decreased more than one-half; high-colored, cloudy, slightly mucous. Albumin, granular casts and renal epithelium. Acid reaction. Specific gravity 1014. Urea elimination from 17 to 22 grammes per diem. Diagnosis *interstitial nephritis.* Prognosis unfavorable

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on account of the serious complications due to a long-continued urea poisoning. Under treatment for twenty-four days with much benefit. He could lie down and sleep without anodynes; appetite improved; bowels quite regular, and he had obtained sufficient control of his nervous condition to walk in a straight line without an attendant. On the 24th day after I took charge of his case he was feeling quite steady and attempting to pass into an adjoining room, when he lost his balance, fell and fractured the left great trochanter. He died from the shock in 24 hours.

Post-mortem Examination—Heart slightly hypertrophic; liver and spleen somewhat enlarged; bladder small and walls thickened; kidneys contracted, nodular, dark red, slightly granular; capsules thickened, closely adherent in left and partially so in right; some cysts in cortical substance, which was atrophied to about one-half. A slight whitish exudation from tubules, which would appear to indicate a gouty diathesis.

Case IX.—J. W., æt. 40. Lawyer and business man. Consulted me regarding his condition, which was largely nervous, especially at night. For a time I attributed his ailment to over-anxiety on account of some business matter. Later I suspected kidney trouble, and found too frequent urination, too profuse and of too low specific gravity. Traces of albumin. Two months' treatment put him in better condition than he had been for years. He was dismissed with the admonition to work less. The necessity of occasional examinations of the urine was impressed on him with the usual result, viz: he never came near me, and worked harder than ever.

Twenty-two months after I dismissed him cured, he returned with the story that he had internal hæmorrhoids for which he had been under treatment for some time. I allowed him to make his "rectum" case as strong as he pleased. Without any allusion having been made to the condition of the urine, I requested him to bring me twenty-four hours' urine for examination. No words he ever uttered to a prisoner at the bar fell with more force than did mine on him. He had been trying not only to deceive himself, but me, and ignominiously failed. The man was doomed from that moment. Without a word he left the office to do my bidding. I took a week to examine his urine every other day, and to consider his case from all points.

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The urine was copious,of low specific gravity, and contained considerable albumin. No other evidence of much lesion could be found. I promised him much, but it was of no use. He was doomed, and never rallied for a moment. At the same time he had a mania for literature on the subject, which I refused until I learned from his wife that he obtained books elsewhere, and read to her all the reported cases he could find, comparing them with his own. He took practically no treatment from any one. He consulted others with the result of having my opinion confirmed. Some peculiar features were connected with this case, as I learned afterward, that would indicate instinctive insight into the future. But a short time before consulting me he largely closed up his business affairs, and was accepted by a responsible life insurance company for a considerable sum. While he would take no treatment, he studied dietetics constantly, and to his friends expressed a belief in his recovery. He weighed himself daily, and took open-air exercise. He emaciated rapidly, and in four months died from heart failure, as near as could be learned. He had been confined to the house for a few days only, and was sitting in a chair reading. Death was almost instantaneous. The urine had become scanty in the last few weeks, and was high-colored and frequently passed.

The kidneys were typical of interstitial nephritis. But no thorough examination was permitted.

Case X. P. S. æt. 64. Farmer. Brother of Case VIII. Consulted me after his brother's death. Stated that he had what most of his family had already died of, and expected that it was only a matter of time with him, but expressed no anxiety. He was, however, willing to do whatever promised to lengthen his life. He had no urgent symptoms and enjoyed very fair health. He was a strictly temperate man, but had the face usually considered typical of alcoholism. Skin usually dry and harsh. Urine was high-colored and frequently passed; at times irritating, and usually slightly albuminous. Otherwise apparently normal. The family history determined the diagnosis of *interstitial nephritis.* Appropriate treatment removed the albumin and irritation, and relieved the frequency, especially at night. The patient is now enjoying very fair health and shows no evidence of any marked advancement in

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the disease. I have not examined his urine in nearly three years. As yet, none of the children of these two cases have shown any evidence of the disease.

Deductions.—1. Heredity is a very common factor in the ætiology of Bright's disease.

2. Concomitant conditions are generally very marked and often obscure the true nature of the disease.

3. The specific form, when inherited, follows that of the parent.

4. While the complications vary and the symptoms are often misleading, the pathology of the renal lesion is typical of the main features of the disease, and a post mortem examination will verify or disprove infallably the diagnosis.

5. In its first stages Bright's Disease is amenable to treatment; when somewhat advanced, it is largely controlled by medication and other means, but when latter stages are reached the organic lesion is too great to be modified by any means in our power, and treatment is confined to relief of the distressing complications.

Comments. It is too frequently the case that Bright's disease is diagnosed as simply "dropsy" or "heart disease." The serous effusions in parenchymatous nephritis and the cardiac hypertrophy in the interstitial variety, being the most frequent and marked complications, are the cause of failure in diagnosis.

It has been customary to expect renal lesions in those addicted to the use of alcohol in some form, while those who were strictly temperate were supposed to be free from this disease. Recent investigations have practically disproved this theory, and while alcoholism and exposure are undoubtedly often primary causes, *other* causes are found equally frequent, and when it is of the nature of a neurasthenia, as in prolonged mental excitement or anxiety, the renal lesion is very rapid, while in heredity it appears in its most atonic form and may be indefinitely checked in its progress.

CLARK DEMUTH, M. D., Ypsilanti, Mich.

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MISCELLANY.

THE HYGIENE OF OLD AGE.*

Within a few weeks the city of Philadelphia has been called upon to mourn the loss of the man who, although very far from intellectually the greatest within her borders, as a citizen was pre-eminently chief. Dying at the age of eighty or eighty-one years, he is universally spoken of as being gathered like a ripened sheaf; yet, within a week of his burial, he was full of mental and physical vigor, and his death at the time was as unnecessary and avoidable as though he had only reached three score years. A very notable percentage of the deaths of persons who have been successful in life, and have attained beyond the seventieth year, could be, by proper care, long postponed. Failure in life in a large proportion of cases saps vitality, and the man who carries the load of self-knowledge of such failure lives under a persistent strain, whose effects, though usually not recognized, are none the less irresistable. In order to protract an advanced life it is well to understand not only the dangers that beset such life, but the reason why old age has been attained.

The humorist is greatest when underlying his rollicking is the lesson of a great truth; but perhaps few readers, when they enjoyed the broad fun of the "One-Horse Shay," as portrayed by our inimitable Holmes, have recognized the fact that the man who reaches old age does so largely because he has been constructed upon the principles of the famous vehicle "that ran for a hundred years and a day."

Barring accidental deaths from railroad collisions, typhoid fevers, lightning-strokes, and other more or less preventable causes, the man who is so built that he is equally strong in all his parts, lives out his appointed days.

Excessive strength in one part is a veritable source of danger. The athlete perishes because his over-developed muscular system perpetually strains and finally wears out a heart or a lung that was originally constructed for a muscular apparatus

* Read before the State Sanitary Convention, held in Philadelphia, May 12th, 12th, and 14th. From advance sheets of Annual Report.

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of half the power of that which he has artificially built up. The larger proportion of mankind die early on account of some local weakness. It ought to be generally recognized that human age is not to be counted by years, and that in some constitutions the general tissues are older at fifty than they are in other individuals at one hundred. Many of the cases of so-called neurasthenia, or nervous exhaustion, of men and women suddenly or gradually breaking down at forty or fifty, ostensibly from overwork, are really cases of premature old age, and are to be nursed and treated precisely as other individuals would be who had reached to four score years. Moreover, a larger proportion of early deaths are the result of some vital organ being originally endowed with a longevity less than that of the rest of the organism.

The reason that consumption is so often utterly irremediable is to be found in the fact that in not a few cases the lung has reached its allotted term of days, and must die because its vitality is exhausted. If an eye, or other not vital part, fails from lack of vital power, the man exists; but if a lung dies, he perishes.

The result of these lucubrations is to lead us to this point, namely, that the individual who enjoys fair health at seventy-five years of age has probably been built upon the principle of the "One-Horse Shay," and that he should be treated as a wise man would treat such a venerable instrument of progression. He would certainly keep it off Philadelphia cobble-stones, and allow it only to be bowled along some smooth turnpike, and especially would he avoid all jolts and jars which would throw an unexpected strain upon one part. The principle involved in such case is that which is most vital in the treatment of the old, —protection, and especially protection from strain of any one vital part. An old man exposes himself to inclement weather, and especially to a high wind, which suddenly drives the blood from the surface upon the internal organs, and at the same time by its very force checks the enfeebled movements of respiration, which aid in forcing the blood out from those organs. As a result, the man perishes at once, because he has thrown too great a strain upon a weak heart, or, if able to momentarily resist the strain, dies in a few days of pneumonia, due to the con-

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gestion of the lung. I have known the sudden shock of good news to strike the old man down, as fatally as the pole-axe fells the bullock, by causing the blood to rush with renewed force through the brain, and tear its way through the weakened walls of the blood-vessels. Again, the violent emotion of a sudden bad news may overwhelm a heart which, with care, would have sufficed for its duties for many years. The young athlete in the boat-race pulls at his oar until he drops from heart-strain, and, if the heart-strain has not been too severe, recovers himself in a few weeks, because the vital elasticity of the heart-tissues is in highest vigor. But the enfeebled and brittle heart-muscle of the old man, strained in some hurried effort to catch a railroad train, or in some equally unreasonable procedure, has no power of recovery, and rests itself only in death. What is true in regard to the healthy ordinary conditions of the old man is more abundantly true in regard to the diseases of the old. Medicines that perturbate—measures that bring relief through violent local actions cannot be borne, and are not to be employed. At the same time, when possible, it is most essential to arrest at once any incipient disorder in the aged. I knew an old doctor, renowned in all lands, who lived ten years beyond the period attained before by any one of his name, largely because, knowing himself thoroughly, every few weeks he arrested in its inception an attack, which, in a few hours, might have gathered fatal force.

I feel some hesitation in attempting to point out in detail the application of the principles which have just been enunciated, lest this paper may fall into the hands of aged persons, and be substituted for a careful consideration of their individual cases by some skillful medical practitioner.

Every person, when he advances in years, should go over his whole methods of life and personal habits with some wise counsellor, and should adapt his mode of life to the peculiarities of his individual case.

With this warning, it is probably safe to briefly point out some of the more important details in the regulation of the life of old people. The first question is in regard to food. The teeth in old age are, of course, lost, and they should, unless under exceptional circumstances, be replaced by artificial teeth,

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for the thorough chewing of food is even more necessary in the old than in the young, because in the old the digestive powers are apt to fail. With the best artificial teeth, mastication is apt to be imperfectly performed; hence the food of the aged should be soft and readily comminuted, and especially should it be of easy digestion. Very few old people need stimulating diet; very many are injured by an excess of nitrogenous food. The kidneys, like all other organs, are feeble, and, if meats and other rich foods are used in excess, they greatly increase the strain upon these organs. Milk and milk products, or preparations of breadstuffs cooked with milk, should form a very large proportion of the food of the ordinary aged individual; but individual peculiarities differ so much that personal medical counsel should in all cases be taken, so that the diet may be regulated to the needs of the individual case. Very many old people are hurt by the use of food in excessive quantity; but little exercise can be taken, all growth has ceased, and the bodily furnaces which make heat are able to destroy but very little of food fuel. Some little time since I had occasion to lecture on this subject at the Philadelphia Hospital, and an assertion that I then made that most old people are more comfortable, enjoy better health, and probably live longer for the use of wine, has met with very severe disapprobation at the hands of some of the profession, whose strong sympathy with the temperance movement dominates their judgment. No valid reasons have, however, so far as my judgment goes, been brought forward to lead me to change my opinion. In the overfed American people the habitual use of wine during youthful or middle age and vigorous health is, we think, an injury rather than a good; but when the powers of life are failing, when digestion is weak, and the multitudinous small ills of feebleness perplex and annoy, one or two glasses of generous wine at dinner aid digestion, quiet for the time being much nervous irritation, and in no way do harm. The sum total of ruin wrought by alcohol in the world is appaling, but it is not lessened by our shutting our eyes to the good that wine properly used may achieve. When in the aged there is a distinct failure of vital power, and especially of digestive power, the call for the habitual use of alcoholic liquors is, in my opinion, imperative. The danger of the

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formation of any evil habits when a man has crossed the line of seventy is so slight, that the most conscientious physician need not hesitate in recommending the daily use of alcoholic beverages to his patient.

It is, perhaps, not universally recognized, that in numerous cases of various character death finally is due, in greater or less measure, to cold and to an absolute failure on the part of the body to keep itself warm. In the old the heat-making functions are exceedingly low, and hence it is that few old people are comfortable in a room whose temperature is less than 80°. It is especially important, therefore, that an abundance of clothes be worn by old people; but the very weight of the clothes oppresses, so that it is important that lightness of material should be combined with warmth. There is no ordinary garment which compares in heat-preserving powers with the buckskin jacket, and, in our climate, every man who passes the seventieth year should furnish himself with such covering. At first the jacket should be only worn when going out of doors; but in very advanced age it should form a part of the habitual underwear. The jacket should be high up in the neck and long in the sleeves, and should be of such a length as to thoroughly cover the abdomen. If worn as an under-jacket, it should be perforated so as to allow the escape of the vaporous emanations from the body. Whenever there is any tendency to abdominal weakness, in addition to the jacket and the ordinary warm underclothes, an abdominal flannel bandage should be worn. It ought not to be forgotten that the mass of blood of the human body is in the abdominal organs, and that this is especially so when the circulation is sluggish. It is affirmed by authority that after death all the blood in the body can be put in the relaxed abdominal vessels; hence the importance of maintaining the abdominal warmth, and hence also the good effect in feeble people with pendulous bellies of the bandage, which helps to sustain the relaxed vessels, and thereby maintain the general circulation. The mechanical effects of tight abdominal bandages are well understood by the profession in the treatment of ascites. It is well known that the sudden removal of the fluid by tapping over the abdominal cavity takes away so much pressure from the abdominal vessels as to cause them to relax, and

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draw the blood away from the heart and lungs and brain in sufficient quantity to produce fainting. It is to prevent this that the patient about to be tapped is bound up, and the bandage continually tightened as the water flows off. The importance of the habitual abdominal bandage is, perhaps, no less although not as universally recognized.

H. C. WOOD, M. D., Philadelphia.

SOCIETIES.

SEMI-ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-fifth semi-annual meeting of the Homœopathic Medical Society of the State of New York was held at Niagara Falls, on Tuesday and Wednesday, September 7 and 8, 1886. The meeting was opened by the President, Dr. H. C. Houghton, of New York, in a few felicitous remarks, calling attention to the pleasant surroundings, the grandeur of the location, and the desirability of entering heartily into the spirit of the scientific work before the society.

The society was well represented by about forty members of the homœopathic medical profession, mainly from western New York, and also embracing residents of western Pennsylvania, Ohio and Canada.

MATERIA MEDICA.—The report on materia medica was presented by Dr. Wolcott, of Rochester, the principal paper, "The Indicated Remedy," containing many practical suggestions.

He said: "As homœopathists this is to us a vital subject; in fact, it may well be considered the central truth of our profession. There is no field of labor that promises so much, not only to us individually, but to the cause we represent, as the selection of the indicated remedy. We cannot expect to succeed as prescribers nor contribute to the growth of homœopathy unless the pathogenetic effect of the remedy chosen corresponds very nearly, at least, to the diseased condition. I admit that it is often difficult to decide whether, or not, a certain remedy is indicated, and it will often require diligent and faithful labor to make a selection, yet when it is chosen, we are so sure to re-

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lieve, and perhaps to effect a brilliant cure, that we do not for a moment regret the effort.

The question of the indicated remedy, whether we are conscious of it, or not, is ever before us; no one thought so continually occupies our minds, and nothing will so surely measure our success or decide our failure in practice. We cannot afford to neglect the corner stone of homœopathy."

A series of cases were then presented showing the action of the indicated remedy in a variety of acute and chronic conditions.

OBSTETRICS.—Presented by Dr. Hasbrouck, of Brooklyn, the principal paper being one on "Albuminuria During Pregnancy." The condition, its causes, dangers and treatment were minutely described, and many suggestive points were well brought out.

A paper by Dr. W. W. Blackman described the *causes* of the disease, in which he excluded all cases of albuminuria except those dependent upon pregnancy. In those occasioned by pregnancy he found that the structural alterations attendant upon Bright's disease were absent. The albumin of Bright's disease is different from that of pregnancy in that it is not precipitated by the oxide of copper. Arguments were stated showing that it was not occasioned by the pressure of the gravid uterus, the uterus being firmly held forward by the round ligaments, and the space back of the fundus being filled with the intestines containing gases, which form an elastic cushion, thereby effectually preventing any continued or firm pressure sufficient to interfere seriously with the renal circulation.

Similar changes occasionally take place in the liver as in the kidney, showing that, at least in such cases, pressure cannot be considered an exciting or predisposing cause.

Others regarded the albuminuria due to a dyscrasia, while still others considered it due to reflex action upon the kidney, the same as that operating upon the salivary glands and mammæ, as occasionally witnessed. It is also supposed to be caused by the extra work of the kidney in eliminating the poisonous substances accumulated in the blood.

The author considered both the eclampsia and the albuminuria as independent affections dependent upon a common

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cause, and that the disturbance of the nervous system was the common cause of both, and that beyond this nothing positive is known.

A paper was presented by Dr. W. A. Allen on the *effects* of albuminuria in pregnancy.

Dr. Hasbrouck presented the question whether, or not, mothers who had had scarlet fever in childhood were not thereby predisposed to albuminuria when they become pregnant in after-life; that is, is there not in all such cases a latent tendency to the disease, liable to development by subsequent pregnancy?

Dr. Grant, of Bath, graphically described his experience in the management of a case of confinement which he had been recently called to attend, never having previously seen the patient. The patient presented all the characteristic symptoms of this alarming condition. Constant twitching of the extremities, the rapid respiration and the peculiarly anxious expression of the features betokened the near approach of puerperal convulsions. Having not a moment to lose, he immediately placed 60 drops of fluid extract of Secale in water, and gave it at one dose, his object being to accelerate labor in order to prevent impending convulsions.

In order to control nervous irritation, he gave chloroform by inhalation, and kept up its occasional administration until all symptoms requiring its use had disappeared.

The patient soon became quiet; labor progressed normally, and terminated without unfavorable indications.

Dr. Lee said that even a large amount of albumin did not necessarily indicate a serious condition of the kidney; sometimes those in which a mere trace was present, or even none at all, prove the most dangerous.

Dr. Paine stated that he liked Dr. Grant's homœopathy. It may be found that the Secale not only promoted uterine contractions, but also had a specific action upon the capillary circulation of the brain, thereby preventing convulsions.

Dr. Stearm stated, in reply to Dr. Hasbrouck, that the question of the susceptibility to albuminuria induced by a previous attack of scarlet fever had been a subject for discussion at meetings of the Western New York Homœopathic Medical

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Society, the sentiment generally prevailing that it acted as a predisposing cause.

Dr. Wright, of Buffalo, cited a case of a man who had been a sufferer from Bright's disease. The disease yielded to treatment, and for five years he experienced no inconvenience therefrom. On making a post-mortem examination, five years thereafter, the man having died from other causes, the kidneys were found to be in a condition in which a slight predisposing cause would unquestionably have reproduced the disease. If this condition had existed in a woman, for instance, and pregnancy had occurred, albuminuria would almost surely have been established.

Dr. Grant recommended, as prophylactic measures, a strictly fruit diet and the avoidance of eggs and meat.

Dr. Paine cited a case of recent occurrence in his practice in which, at the expiration of the eighth month, an examination of the urine for the first time revealed the presence of about one-third albumin by volume. Before measures for the proper treatment of the case were instituted, signs of approaching labor were manifested. The labor progressed and terminated normally, without any unfavorable features. He inquired whether albuminuria favored premature delivery? In this case there were no known causes likely to have precipitated labor.

The consideration of *pelvic dystochia and methods of delivery*, embodied in a paper by Dr. Perrine, of Brooklyn, covered mainly dystochia from deformed pelvis arising from excessive amplitude and excessive narrowness.

Dr. Wolcott advised care in the use of forceps, lest injury to the face of the child may occur, and suggested their removal as soon as the head began to press upon the perinæum.

Dr. Paine stated that for many years he had used forceps of ordinary size with long handles, and found that if allowed to remain upon the head too long, laceration, in some cases, was almost sure to occur. But during the past two years he had used forceps having short handles, the joint being adjusted so close to the head of the child that there was no special liability to undue pressure upon one part of the distended perinæum more than another, hence far less danger of laceration.

Dr. Wright contended that the blades of the forceps should

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be placed at right angles with the sacrum, without regard to the position of the face of the child, and that in ordinary traction the features of the child would not be injured thereby.

Dr. Murphy, of Auburn, read a paper on the *use of anæsthetics* in delivery, in which he spoke of the use of nitrous oxide as being one of the safest, but most inconvenient, on account of the cumbersome apparatus required for its formation and preservation.

He stated his objections to the administration of ether, and expressed his preference for chloroform, on account of its quick action, pleasant nature, small amount necessary, and its freedom from after-effects and dangers.

He would give it in any case where there was no organic heart lesion. During the second stage it should be given with every pain, or continuously, if necessary. In the last stage it may be dispensed with. In a large percentage of cases we need only its anodyne effects, not complete anæsthesia.

The advantages claimed for anæsthesia are: it conserves the energy of the mother, allays nervousness, prevents rupture of the perinæum, combats a tendency to convulsions, facilitates instrumentation, and prevents vomiting.

Dr. Wolcott thought that the administration of anæsthetics sometimes arrests the contractive efforts of the uterus. He had also witnessed, in a few instances, effects sufficient to give credence to the theory that their use produced upon the mother loss of affection for her offspring.

Dr. Murphy had noticed its effects in arresting the pains; and instead of alienating the mother's affections, in three instances the contrary result had followed.

Dr. Simpson instanced a case in which the mother could not be induced to take any notice whatever of her child, although no chloroform or other anæsthetic had been administered. He preferred ether to chloroform because of its greater influence in producing relaxation in cases of rigidity of the os.

Dr. Moffatt feared that chloroform predisposed to flooding after delivery. He never gave it unless the patient evinced signs of exhaustion.

Dr. Grant thought much depended upon the purity of the

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chloroform; that a good article was less likely to be followed by dangerous results.

Dr. Paine cited a recent case in which the patient, a primipara, begged for the use of chloroform, but after a few trials relinquished its use voluntarily, being thereby, when under its influence, unable to facilitate labor by the necessary expulsive efforts. He had, in a few tedious and protracted cases, in the first stage, resorted to an application of one drachm of chloroform to one ounce of sweet oil, applied externally over the lower part of the abdomen above the pubis, the part to be covered with oiled silk. This application had contributed greatly to the comfort of the patient, and at the same time had promoted relaxation of a rigid os.

The best anæsthetic in his experience, because less liable to be followed by unpleasant results, was the ordinary compound of alcohol, one part; chloroform, two parts; ether, three parts.

HISTOLOGY.—Dr. George W. Lewis, of Buffalo, read a paper describing differentially the bacilli of typhoid fever from those of other diseases. The author entered minutely into the methods for preparing the specimens for observation. The best media for cultivation were blood serum, food gelatin, or the cut surface of boiled potatoes.

PRESIDENT'S ADDRESS.—The evening session was opened by the presentation of an admirably written address by President Houghton, entitled "The Medical Ethics of the Use and Abuse of Alcohol." Taking the results of statistics gathered from English speaking nations, it had been found that the quantity of spirituous liquors used in the last decade had largely increased. The effects of alcoholic beverages, physiologically and pathologically, were clearly defined, and its hereditary effects were shown to extend to the third and fourth generation, producing moral depravity and drunkenness, the various dyscrasias, hypochondric tendency, imbecility and insanity. He stated that while the use of alcohol in some of its varied forms is required in the treatment of certain cases, physicians should be constantly on their guard lest by recommending stimulants in unnecessary cases they might inadvertently contribute to an

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increase of this great and growing evil, the habit, oftentimes, being easily formed.

A vote of thanks to the president for his carefully prepared and timely address was unanimously adopted; an edition of five hundred copies was ordered, and the amount subscribed to meet the requisite expense.

SURGERY.—A paper on "The Treatment of the Pedicle in Hysterotomy," by Dr. H. I. Ostrom, of New York, was presented, This paper constitutes an exhaustive resumé of the history of this new and brilliant operation, which marks a distinct era in the progress of uterine surgery.

A paper on super-pubic cystotomy by Dr. J. M. Lee, of Rochester, minutely described two operations in which lithotrity had been unsuccessfully tried.

GYNÆCOLOGY.—The report of this bureau was opened by the presentation of a paper by Dr. A. R. Wright, of Buffalo, constituting a plea for the early extirpation of the uterus in cases of uterine carcinoma. The author quoted largely from German and English authors, showing the advantages of the vaginal operation over that by abdominal section.

Dr. M. O. Terry, of Utica, contributed a paper, read by Dr. Leuggenhager, on "Medical and Surgical Treatment of Tumors and Cancer of the Breast." The author advocated the early removal of the entire gland, laying special emphasis upon the importance of extirpating every particle of the diseased tissue.

Dr. Paine presented a summary of the results of recent investigations by Dr. H. P. Dunn, of Chicago. Dr. Dunn's paper calls special attention to the alarming increase of cancer in Great Britain and the countries in the central portion of the continent of Europe.

"While statistics show that the average duration of human life is increasing, and that many of the most dangerous maladies of former times have been rendered comparatively harmless, still the number of cases of cancer becomes greater every year.

The report of the Registrar General, recently published, gives the number of deaths occurring from cancer during the ten years ending with 1869, as 80,049, the annual increase being 248. During the succeeding ten years, ending 1879, the total

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number of deaths from cancer was 111,301, the annual increase being 320, a ratio of 27.6 per cent. Cancer is also increasing in France, Germany, and the Scandinavian countries.

"Regarding the conditions which favor its origin and development, it is found that wealth and a high degree of civilization are favorable to an increase of cancer. Many other diseases are much more common, and are likely to become much more dangerous among the poor and uncultivated; the reverse, however, is true regarding cancer. The persons who dwell in mansions are much more liable to suffer from cancer than those who live in cottages and hovels. It is more common in cities than in rural districts. It is entirely unknown among uncivilized people. Wild animals are not subject to it, but domesticated ones are. Cases of cancer are becoming frequent among thoroughbred animals, which are protected from exposure, tended with care, and supplied with the best of food.

"Another peculiarity of cancer is, that it is much more likely to occur in persons who are otherwise in apparent perfect health, and in the maturity of life, than in those who are frail and sickly, or are subject to the weakness common to infancy and old age. It is most likely to afflict mankind at middle age, when life is most enjoyable to its possessor and most useful to others. It generally appears in persons of robust form, strong limbs, and active habits. To use a paradox, it is a disease of health. The professional invalid need not fear cancer. It spares the weak and sickly to attack the strong and vigorous. Constitutions that are very liable to other diseases appear to be proof against cancer.

"Observation shows that cancer has a certain geographical distribution. The latitude of the British islands marks the centre of the belt in which it prevails to the greatest extent.

"In all probability, the prevailing opinion that cancer is communicable, is erroneous. It is neither infectious nor contagious. There is no evidence that it has a zymotic origin, or, in other words, that it arises from any micro-organism or germ. Moreover, nothing cancerous is transmitted from parent to child even in the case where the disease occurs in both. A child may inherit a predisposition to cancer, that is, a liability to the disease,

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but not the disease itself. It commences *de novo* in each individual whom it attacks.

"Ordinarily there are no preliminary evidences of its appearance. The first intimations of the disease are the appearance of a tumor and the sensation of severe pain.

"It always commences as a local disease, and generally remains such for a considerable time. It finally spreads, and by means of the blood vessels and lymphatics infects the more distant organs of the body.

"Medical science has accomplished very little toward ascertaining the cause, the prevention, or cure of cancer. Recently it has been shown that many of the remedies formerly in use are altogether worthless. Medication has given away to surgery. In the great majority of cases the most the surgeon can do is to prolong life. Cancers are now removed from organs and localities that could not be reached before the invention of improved surgical instruments and apparatus. The removal of a cancer after it has manifested systemic involvement seldom results in any permanent benefit; it may protract life, and it also prolongs the most severe suffering."

Dr. Moffatt, in a short paper, described the peculiarities of a case of indurated and enlarged mamma, giving all the usual characteristics of scirrhous degeneration, in which the ordinary remedies had been unsuccessfully tried; the disease yielded to the application of constant pressure, kept up by broad rubber bands, held firmly in place by diaculum plaster supporting strips of linen.

Dr. Paine related his experience in the use of *iodide of lime* in the treatment of scirrhus of the breast. He has tried it in perhaps twenty cases with the result of saving at least fifty per cent.

He uses a compound of *iodide of lime*, in the proportion of one to the hundred, and *carbonate of lime* (calcarea carb.) one to ten. The doses, about five grains, are repeated three or four times daily. At first, while the shooting, burning pain is severe, six or eight doses may be given daily. The medicine should be continued, without long intervals, three or four years.

Usually the diseased breast is larger than the well one, and loses its symmetrical form, and is very hard. After the continued

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use of the remedy for a few months, the diseased breast shrivels to a size much smaller than the well one, and, although retaining loss of contour and more or less hardness, ceases to form a local nucleus, and is deprived of its malignant characteristics. He believed the lime had a specific influence upon the mammary gland, and the *iodine* was serviceable in combatting the scrofulous element which nearly always is associated with cancerous cachexia.

Dr. Wright believed these tumors should be removed as early as possible; if malignant, the liability to an extension of the disease would be prevented; if benign, no harm would be done.

Dr. Fulton said there was no certainty in the diagnosis by the external appearance, particularly in its incipient stage. As an illustration of the progressive character of cancer, he described several microscopic sections of the specimen, which manifested, in its various parts, healthy tissue, the characteristic whorls of epithelioma, and deeper still, the large alveolar arrangement of the encephaloid, with its scanty fibres inclosing large masses of cancer cells.

OPHTHALMOLOGY.—Dr. F. Park Lewis presented a paper on the treatment of senile cataract. He described its special features and pointed out its appropriate surgical, medicinal and hygienic treatment.

OTOLOGY.—A paper by Dr. W. P. Fowler, of Rochester, lucidly delineated the therapeutics of eczema of the external ear. He described the more common causes, and then gave the principal indications for the selection of appropriate remedies. He preferred the use of the proper homœopathic remedy rather than treatment by means of external applications.

PÆDOLOGY.—The report of this bureau was presented by Dr. Moffatt, the principal paper being one by Dr. S. S. McKinney, on infantile marasmus. The causes, symptoms and appropriate treatment were clearly set forth, prominence being given to the dietitic and hygienic features of the latter.

Dr. Moffatt spoke of the efficacy of Iodine and Arsenicum internally and ammonia and sweet oil externally.

Dr. Houghton stated that homœopathic treatment at the New York Five Points House of Industry had been very suc-

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cessful in controling cases of eye-and-ear-disease, so common among the class of patients found at that institution.

CLIMATOLOGY.—Dr. H. M. Paine presented a paper, written by Dr. Geo. Allen, of Waterville, giving a concise description of the more frequent mineral, animal, vegetable and gaseous impurities to be found in potable waters. The paper also contained practical suggestions regarding the uses of various filters, and pointed out the danger caused by an accumulation therein of impurities, and described methods by which these dangers are to be avoided.

MEDICAL LEGISLATION.—A communication from the Kings County Homœopathic Medical Society was presented by Dr. Moffatt, who stated that the Kings County Homœopathic Medical Society, was about to publish a new edition of its by-laws, including a summary of all the laws of the State of New York relating to the practice of medicine and surgery. The committee appointed to prepare the report for publication were at a loss to know what acts and parts of acts were held to have legal force. For instance, the last section of the law of 1880, having reference to medical practice, repeals all former acts and parts of acts inconsistent therewith. It is utterly impossible for any one other than a skilled lawyer to unravel and clearly define the present medical laws. For this reason he hoped that the society through its committee on medical legislation would put forth every reasonable effort looking to an improved condition of the medical laws of this state.

Dr. H. M. Paine, as chairman of the committee on medical legislation, stated substantially that an attempt was again made last winter by the old-school to secure the passage of a bill providing for the appointment of a single state board of medical examiners. The bill was identical with that of the previous year, and, in fact, those of five or six years past.

These bills have uniformly provided for a single old-school board of nine members, including, for the sake of representation, one eclectic and one homœopathic physician.

A hearing before the committees on public health, of the Senate and Assembly, being given to those who desired to be heard either for or against the bill, our school was ably represented, and speeches in opposition thereto were made by Dr.

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Houghton, the President of the Society, and by Drs. Gorham, Mitchell, Coburn and Paine.

The opposition to the bill on our part was mainly based on the ground that the erection of such a board would create a powerful and permanent medical monopoly, by which the licensing franchise would be placed, for all time, under the immediate control of one school of medicine; that the consciousness of an ability to exercise coercive measures, whether exerted or not, would operate as a constant menace upon the less numerous parties; it would tend to strengthen the majority, and would as surely steadily prove detrimental to the growth and permanence of the schools represented by the minority, the latter also receiving, by unequal representation, a mark of degradation and subserviency which would stamp such schools with a perpetual brand of inferiority.

The committees of the legislature were plainly told that the enactment of the bill, as proposed by the old-school, would constitute class legislation of an exceedingly objectionable form; that, whether the supporters of the bill intended such action, or not, the antagonism, rivalry and jealousies between the schools were too intense and deeply-rooted to warrant a union of effort as proposed by the provisions of this bill.

We assured the legislature that the proposed coalition could not be seriously considered until the dominant school not only withdrew all exhibitions of opposition to homœopathy, but actually accepted it as a rational, philosophical and reliable system of practice, and proved their acceptance of it by inaugurating the teaching of its principles to their own students.

When this medical era of fraternal fellowship shall have become an accomplished fact, the prestige and standing of the schools will not be interfered with, and a practical union of effort for the accomplishment of common interests can be harmoniously established and permanently maintained.

Another reason why the legislation sought for by the old-school is not at all essential or called for by public or professional interests, a reason which had weight with the legislature, is the fact that under the provisions of the present law, that of 1872, the old-school can at any time apply to the Regents of the University for one or more medical examining boards of their

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own, and can therewith secure, by the safe-guards the law provides for, all the additional protection and educational advantages sought for by the bill to create a single mixed examining board. The homœopathic school has established and maintained a homœopathic examining board for fourteen years.

The only change required in order to make the present law fully effective and equitable in its application to the representatives of the three schools of medicine, is that of making it compulsory equally upon all who shall hereafter enter upon the practice of medicine in this state.

Upon listening to the argument, of which the foregoing is an abstract, the committee of the legislature promptly reported the bill adversely.

The special legislation, regarding which the two schools were at variance, having by this action on the part of the legislature been effectually disposed of for at least one year, the committees of the two state medical societies united in an effort to construct and endeavor to secure the passage of a bill providing for the more thorough regulation of medical and surgical practice. Repeated conferences were held, and, through the efforts of Mr. Purrington, the attorney for the old-school society, a very comprehensive form, complete and harmonious in all its provisions, was drafted, Senate bill 485, introduced into and passed by the Senate, but was, during the closing hours, defeated in the Assembly. This bill embraces within its several sections all the essential provisions of all former enactments, and in its last section repeals all laws, which wholly or in part have any reference whatever to medical and surgical practice, specifying each by name and number, thereby forming a practical codification of all the medical laws of this state.

Moreover, this bill is so constructed that in case future legislation is entered upon, with a view of changing the method of medical licensure, the second section only will require amendments; all the other sections of the bill may remain without alteration. This bill was designated and is known as Senate bill 485, and Assembly bill 903, 1886.

It is the purpose of your committee on legislation to distribute copies of Senate bill 485 to the secretaries of the several county homœopathic medical societies, and urge them to en-

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deavor to secure, on the part of their respective societies, the indorsement of its provisions, by the passage of a resolution to that effect.

Dr. Paine offered the following resolutions, which were unanimously adopted:

Resolved, That the Homœopathic Medical Society of the State of New York indorses the proposition made by the Medical Society of the State of New York, as set forth by its committee on legislation, and presented to the recent session of the State Legislature, under Senate bill 485, the purpose of said bill being the simplification and codification of the laws of this State relating to the practice of medicine and surgery.

Resolved, That the county and local medical societies of this state, and members of the profession generally, are requested to promote, to the fullest extent, the early enactment of a law providing for an increased efficiency of laws regulating medical practice, as embodied by Senate bill 485 of the session of 1886.

Resolved, That this Society indorses the action of its committee on legislation in opposing the passage of the bills presented to the last Legislature of this State providing for the appointment of a single State board of medical examiners, the membership of which was made up of professors of medical colleges and an unequal representation of the different schools of medical practice.

Resolved, That this Society heartily reiterates its indorsement of the provisions of the present law, that of 1872, by which the representatives of the three legally recognized schools of medicine are now fully authorized to appoint one or more examining boards under their own auspices; a law, the limitations of which, provide all necessary safe guards, and at the same time prevents liability to partial and sectional antagonism sure to occur in the case of a single mixed examining board.

Resolved, That this Society again, in the most positive terms, instructs its committee on legislation to endeavor to prevent the repeal of the present law providing for the appointment of state boards of medical examiners, that of 1872; also, if feasible, to endeavor to secure an amendment thereof providing for a withdrawal from the medical colleges of the right of medical licensure.

Several districts in the State, each embracing from two to five counties, have organized homœopathic medical societies, to co-operate with the State society in all matters of general concern. Credit is due to Drs. Porter, House, Brown, and others, for the zeal and energy with which they have pushed this work.

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COLLEGE ITEMS.

S. G. MILNER, A. M., '87, EDITOR.

The number of students now actually attending lectures in the University of Michigan is 1446.

Clinical material is coming in satisfactorily, over two-thirds of the beds in the hospital being filled.

The general introductory to the course was delivered by Prof. Arndt on the evening of September 30th.

Work has commenced in all the departments, and the campus once more presents an air of intense activity.

The dispensary work is carried on with a most gratifying determination to demonstrate clearly the fact that "business is business."

An electric bell has taken the place of that ancient instrument of torture which heretofore was made to answer the purposes of a bell, and which so severely tried the patience and strength of the unfortunate who by virtue of office were forced to manipulate it.

Work in the wards is going on smoothly. The following constitute the hospital staff: G. G. Caron, M. D., Resident Physician; J. S. Campbell ('87), and R. C. Taylor ('87), nurses in the men's ward; Mary A. Cooke ('88) and L. A. Moorehouse ('87), nurses in the women's ward.

Mrs. Mary Weeks Burnett, M. D., the well-known practitioner, editor and lecturer, has registered for post-graduate work. When the profession will realize fully the especial advantages offered here for post-graduate studies, they will more generally avail themselves of them.

All the cases in the dispensary are under lock and key, and access cannot be had to them save by those on duty, and not a dose of medicine can be dispensed except by order of those in authority. The new dispensary, clean, tidy, orderly—forms a delightful contrast to the dispensary as it used to be.

The amphitheatre was thoroughly overhauled during the vacation, and, thanks to the skill of the painter, now presents a very tidy appearance. The seats have not been changed in any way, and *are quite as comfortable as ever.* Least year's seniors will understand that this allusion to the seats is a joke.

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The faculty maintain that this year's freshman class of the Homœopathic department is by all odds the most intelligent body of freshmen in any of the professional schools on the campus. No exception is taken to this statement; but when the faculty seem willing to admit that the class of '89 in every respect excels that of '88, then the air is full of mutterings of war. We suggest that even an expert will find it difficult, if not impossible, to choose between '88 and '89.

All the assistants to the various chairs are doing excellent work, which is fully appreciated by the classes and by members of the faculty. They are: F. A. Johnson, A. B., M. D., ('84) assistant to the chair of Surgery, and assistant to the chair of Materia Medica; H. B. Wilson, B. S., M. D., ('86) assistant to the chair of Gynæcology, and assistant to the chair of Ophthalmology and Otology; G. G. Caron, M. D., ('86) assistant to the chair of Theory and Practice.

The friends of this department have every reason to be proud of the record it is making. The numerical increase over the maximum attendance of last year, (which showed a very large gain over the maximum attendance of 1884–'85) becomes especially significant in view of the fact that the graduating class of 1886 numbered more than 35 per cent. of the total of students in attendance. This number had to be made up by new registrations. The fact that the entire freshman class of last year, without an exception, were present at the opening of this term, shows that the students appreciate the efforts of the faculty to give them a complete and practical course of lectures. President Angell states the facts in the case when he says that the prospects of the school "have not been as bright in many years."

The following is a list of students now registered at the office of the Secretary of the University:

E. A. Darby,----------Nebraska.
Wm. F. Brooks,----------Michigan.
S. G. Milner, A. M.,----------Michigan.
D. J. Sinclair,----------Canada.
D. B. DeLand Cady,----------Michigan.
Mrs. Sarah J. Lee,----------New York.
Mrs. A. H. Wheelock,----------Minnesota.

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J. B. Wheelock,- ---------- Minnesota.
Geo. D. Arndt,-- ---------- Michigan.
J. H. Lawrence,---------- Michigan.
Miss C. L. Houghton, B. L., ---------- Michigan.
W. H. Fowler, ---------- Michigan.
Miss Cora Yan Hill,---------- Minnesota.
Harvey E. Noble,---------- New York.
E. W. Ruggles,---------- Michigan.
R. T. Copeland, ---------- Michigan.
Mrs. A. S. H. Gooding, ---------- Michigan.
Mrs. Annie A. Backhouse,---------- Canada.
Miss E. T. Carey,---------- Canada.
Charles A. Macrum,---------- Oregon.
J. A. McLachlan ---------- Michigan.
A. B. Clark,---------- Michigan.
Miss Mary E. Thompson, A. B., ---------- Michigan.
Boyle Vance,---------- Illinois.
William A. Colton,---------- Michigan.
Edw. F. Shaw,---------- Michigan.
Tho. H. Oliver,---------- Ohio.
Geo. H. Weeks, ---------- Michigan.
W. C. Dunks---------- Michigan.
Wm. S. Thompson, A. B., ---------- Ohio.
Wm. I. Tyler,---------- Michigan.
Chas. E. Giddings---------- Wisconsin.
C. Rodney Taylor, ---------- Missouri.
Mary A. Cooke,---------- Ohio.
Miranda P. Wiswell, B. L.,---------- Delaware.
Sallie M. Davis, ---------- Delaware.
Denias Dawe, ---------- Michigan.
L. H. Shank, ---------- Michigan.
Mary E. Peck---------- New York.
Geo. W. Kishpaugh,---------- Michigan.
Lizzie A. Hendershott,---------- Michigan.
Mary Weeks Burnett, M. D.,---------- Illinois.
Chas. E. Decker,---------- Michigan.
John S. Campbell, ---------- Michigan.
Mrs. L. Morehouse,---------- Michigan.
Nina E. Walker,---------- Michigan.
Mrs. E. L. Orleman, ---------- Michigan.
Wm. H. McKee, A. M., LL. B.,---------- Michigan.
Geo. L. Bailey,---------- Michigan.
Andrew T. Arbury,---------- Michigan.
Walter L Slack,---------- Michigan.
Mrs. M. J. Lyons---------- Ohio.

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R. H Stevens----------Canada.
Mrs. Z. R. Wheelock,----------Michigan.
Mrs. H. L. Porter,----------Wisconsin.
Lottie A. Curtiss,----------Michigan.
M. B. Snyder, A. B.,----------Pennsylvania.
Mrs. Sue McG. Snyder,----------Pennsylvania.
Mrs. Ella K. Dearborn,----------Michigan.

Students, by States, as the class now stands, are arranged as follows: Michigan, 34; Canada, 4; Ohio, 4; New York, 3; Minnesota, 3; Wisconsin, 2; Pennsylvania, 2; Illinois, 2; Delaware, 2; Oregon, 1; Missouri, 1; Nebraska, 1. Of these, there are: 1 post-graduate; 12 seniors; 15 juniors; 31 freshmen.

The complexion of the class is sure to change somewhat, since additional registrations will doubtless be made.

MEMORANDA.

Dr. T. F. Pomeroy, has once more returned to Detroit. "Welcome home."

Dr. L. B. Dittoe died of consumption at his home, Shelbyville, Ills., on August 29th.

Dr. R. M. Buddecke, of Memphis, Tenn., died of malarial fever, at Nashville, Tenn., on September 19th.

It is reported that Ex-Governor Leland Stanford, of California, has given $20,000,000 to found a university on his ranch in California.

The Homœopathic Medical College, U. of M. "Its prospects have not been so bright in many years." President Angell's Report to the Board of Regents, October 1886.

Messrs. McMillan and Newberry, of Detroit, have given the sum of $100,000 each toward the establishment of a free homœopathic hospital in Detroit. The Detroit profession are united in an effort to make the best possible use of the money, and there is no doubt but that in the course of time their fondest hopes will be realized. If so, the profession throughout the State will share in the benefits to be derived from such an institution successfully run.

The Southern Homœopathic Medical Association will hold its third annual meeting at New Orleans, La., on Wednesday, Thursday, and Friday, December 8th, 9th, 10th, 1886. The two previous meetings were well attended; the interest has steadily increased, and this year a full attendance of all southern physicians is expected. Six bureaux will be ably represented. Let all who are interested in the growth of Homœopathy make preparations to attend, and gain both pleasure and profit in the Crescent city. A. L. Monroe, M. D., Louisville, Ky., President; C. G. Fellows, M. D., New Orleans, La., Recording Secretary.

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THE

MEDICAL COUNSELOR

—AND—

MICHIGAN JOURNAL OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

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MISCELLANY.

THE THERAPEUTIC VALUE OF SUPERSTITION.

In the preparation of this paper, it has been my earnest purpose to disembarrass my mind of all preconceived opinions and seek only truth, disclaiming at the outset any attempt to formulate dogmas.

This search for truth, like the search for the elixir of life, has been pursued by many men through different ways with different results, and one has no right to measure the honesty of another's opinions by his own, for the reason that to Pilate's question "what is truth?" each human soul is hampered in his reply, not only by environment, but by heredity.

My research into the history of superstition in its relation to medicine has been through difficulties which seemed simply appalling. (1.) In reviewing the past it is almost impossible to discriminate between history and tradition. In studying the present, it is difficult to distinguish between real and imaginary diseases, as well as between truth and fiction in accounts of marvelous cures. (2) Well authenticated statements must be received as evidence on the same basis as those concerning any other subject.

To the proper consideration of this subject and for the

BIBLIOGRAPHIA.

"Influence of Mind Over Body,"——TUKE.
"Blot upon the Brain,"——IRELAND.
"Mind in Nature,"——MAUDSLEY.
"Science and Health,"——MRS. G. BAKER EDDY.
"Primitive Mind Cure,"——W. F. EVANS.

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comprehension of the course of reasoning which I shall pursue, it seems only fair to give my own definition of the word *superstition*. There is no difficulty in tracing the present signification of the word in its etymology. It is derived from the Latin verb *supersto,—to stand over one*; hence, superstition means that which dominates the mind of man, fills it with fears and vain ideas, and leads an individual to perform actions from which he might otherwise shrink; the term superstition may therefore be applied not only to religious delusions, but to any popular delusion which commands assent. To put it briefly, superstition means, to me, the result in thought of the *imagination* acted upon by some stimulus other than pure reason.

We must confess that man is a superstitious animal. In savage and barbarous nations this characteristic exhibits itself in savage and barbarous fashion. Among cultivated peoples it assumes elegant and intellectual shapes; but is always, however clothed, Superstition—illegitimate child of the imagination.

The ignorant Hebrew, so recently freed from debasing slavery that he yearned often for the flesh-pots of Egypt, readily believed that the one invisible God condescended to manifest himself with thunders and lightnings on Mount Sinai and to talk with Moses face to face, formulating laws, both of conduct and hygiene, which were potent when prefixed with a "*thus saith the Lord.*" If the laws of health came from God, then surely disease was in his hand, and when a malignant malady attacked this people, they saw in it a direct punishment from the hand of God for some sin, and were prepared, when the brazen serpent as a curative agent was lifted up, to "look and live."

Thousands of enlightened and cultivated people to-day,—followers of the dreamy Swede, believe that Swedenborg actually ascended into Heaven, held long conversations with God and Christ and the angels, and under the influence of this heavenly teaching promulgated his theology.

Joseph Smith claimed to discover certain metal plates in Central New York, on which was inscribed in strange characters a new revelation. The book of Mormon was published; missionaries hastened to teach the new gospel, and to-day Mormon-

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ism has assumed a position and magnitude of tremendous political and religious importance. Whoever has attended worship in a Mormon temple, can no more doubt the honesty of these people than he could question their superstition.

Spiritualism does not confine itself to one continent; it reaches all over the world, penetrating to the smallest hamlet. Philosophic men and women gather about tables in darkened rooms, to enjoy the solemnities of séance.

The wish being father to the thought, these believe that their beloved dead are with them once again. They hear rapping under the table; spirit hands are laid upon their heads. Celestial flowers fall and spread perfume through the room; exceptionally, one is permitted to gaze upon the dear departed whose soul seems clothed with something like the flesh; musical instruments are touched by the disembodied fingers, and the spirit of some philosopher speaks through a woman's form. Galen, Hippocrates, Harvey and Hahnemann prescribe for human maladies, and cures are certainly wrought. All this in the nineteenth century, and among the most enlightened and Christian nations of the earth.

The love of life is a natural instinct of the human soul, only more intense than the physical dread of pain, shared with the brute creation. The natural instinct of the animal leads him to seek the herb best fitted for healing the malady which afflicts him. What wonder then, since man shares this instinct with the brute, that at the very first approach of illness efforts should be made to effect a cure.

Suffering was almost co-existent with creation, for the story of the origin of man, as told in all histories and theologies, has its pitiful record of sickness and death.

The history of medicine may almost be called a history of superstitions, since long before any law of cure was formulated the sufferer sought aid at the hands of the priest. The origin of medical science is lost among the obscure traditions and fables of the early ages; but all writers agree in stating that individual observation of disease must have been made among the very earliest inhabitants of our earth.

In Egypt the first physicians were priests, and they considered disease a direct manifestation of the displeasure of the

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gods. These believed that there were thirty-six spirits or demons of the air, who divided the human body among them, so when a man had headache, the priest invoked the god who presided over the head. If he vomited, then the god who ruled the stomach was placated by gifts.

Six hundred and thirty years before Christ, the Egyptian king Nechepsus wrote "that a green jasper stone cut in the form of a dragon, surrounded with rags and applied to the epigastrium, would strengthen the stomach and promote digestion."

Among the Greeks the temples of Æsculapius were the resort of all who suffered any pain. These temples were the first hospitals, and all who were sick, after a certain process of purification, were admitted there, and blood-letting or emetics or sea-bathing or purgation were prescribed. Beyond and above all this, and exercising a powerful influence on the sick and their friends, was the mental influence of the priests.

In Rome, and for more than six hundred years after the founding of the city, the study and practice of medicine was unknown. The people had faith in the priests, the oracles, the mystic responses of the Cumean sibyl. Later, Themison, a physician who was the friend of Cicero, was considered a marvelous healer, and he prepared a cyclopedia of chronic maladies. One of this great doctor's pet remedies was the liver of a dead athlete as a sovereign talisman against the epilepsy, and cases are recorded in which this dread disease was thus cured. Yet, this man was wise beyond his time, for he made the first direct application of electricity to the cure of bodily infirmities.

Later, in the year 68, Athenæus, of Cicilia, originated a new theory, and, strange as it may appear, in this year of our Lord 1886, *a similar school flourishes.* The incessant struggle of physicians and theorists to give the economy of medicine a homogeneous form animated by the quickening principle, originated a set of devotees who declared that the *dynamic force of the soul*, or the pneuma, was the indispensable element of medical art. The practitioners of this school do not seem to have had a new revelation, but, on the contrary, recourse was had to the teachings of the ancient philosophers, among others Plato who said "all diseases of the body proceed from the soul," and,

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per contra, this school of doctors argued that the soul or mind can cure all diseases. They claimed that the eventualities of a healthy or infirm existence were without variance derived from the movable and fleeting essence of the soul, to which, as especially subject to its influences, Athenæus added the four elements,—not in their material types, but in their dynamical qualities which he classified as forces. This very metaphysical method of prescription not suiting all the people or satisfying all physicians, in the year 90 a new school of medicine was opened, which, while accepting the dynamic force of the soul, boldly selected the choicest theories and the best usages of other sects. These were wise in their generation beyond what was to be expected.

Yet, through all these centuries there had been careful searchers after the laws of healing. Treatises on anatomy and physiology had been written; a fair knowledge of the medicinal value of many plants was had. Chemists, searching for the elixir of life and the philosopher's stone, had wrested many valuable secrets from nature; rude surgery was performed, and Eusebeus had dissected apes in pursuit of more accurate anatomical knowledge. But then as now, a large number scorned the slow process of repair under law, and vaguely sought for some new witchery—the more obscure, the better.

When Constantine, in 312 A. D., declared the Christian religion to be the faith of the empire, one of the very earliest transformations of belief consequent on the inroads of this new sect and its advance to power, was the degradation of medical science due to the unalterable confidence to which the people were trained in the potency of unseen spiritual forces personified as good and evil. They believed that Satan was endowed, because of his fall, with a body, and was able to interfere with the happiness and physical comfort of human beings. His agents, the demons, caused luxations and fractures of limbs, undermined the health and created diseases. Hence, the church which believed the appearance of corporeal afflictions to be produced by demoniacal influences necessarily caused the banishment of medical science or of medicine, except so far as it abandoned scientific attitude and assumed the form of administering medications upon a sacerdotal authority. If demons caused disease,

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the church, which exorcised devils, could alone cure maladies. The preservation of medical science was almost impossible, for it must be remembered that such science required the exercise of dispassionate reasoning whose operations must necessarily trace bodily infirmities to natural causes. Ecclesiastical authority declared disease to be diabolical; that unseen, potent spirits, the special messengers of Deity, operated upon humanity through grievous maladies and physical infirmities; what need then to search the recesses of glands or nerve centers for causes, and so affiliate remedies.

The Talmud and Caballa had powerful influence in extending this doctrine to infinity, and largely aided in selecting the peculiar remedies used in the middle ages. At this period it was accepted as an unquestionable fact that even the dead could be raised by invoking spirits. There was entire faith in the efficacy of magic for the cure of ailments and a conscientious scorn of any theory which deduced the cause of disease from the operations of a natural law. To illustrate, a few months previous to his death, Hadrian, then ill of a serious malady which finally terminated his valuable existence, was confronted with a medical enchantress who professed undoubted ability to cure his disease. She said that a dream warned her of the suffering emperor, and bade her assure him of a speedy convalescence; but disobeying the mandate, she had became blind. A second dream ordered her again to the imperial presence, and it was claimed that on entering the emperor's room she received instantly her sight. But alas, the prophecy failed; the patient died, exclaiming, "many physicians destroyed the king!" Why did he not say magicians!

Rome became the centre for soothsayers or natural healers, and even Tully himself did not hesitate to consult magicians touching certain eruptions which appeared on the surface of his body.

The great controversialist Origen boldly declared the names Sabbaoth and Adonai, when arranged in suitable form, to be irresistible for every disease. He states also, "that persons sufficiently skilled in these matters would find other mysteries in the names of such pure angels as Michael, Gabriel and Raphael." And to this philosophy of nomenclature is to be re-

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ferred the name of Jesus, which so often had manifested its divine prescience in expelling demons.

The abracadabra derived from abrax, but repeated several times and written in pyramidal shape on parchment, was solemnly recommended as a cure for intermittent fever. Western writers better try it. The saphire excelled as a remedy for scorpion bites.

Gregory, of Tours, being afflicted with pain in his head, sought relief from his suffering by means of blood-letting; but fearing lest the disease would be too promptly cured, he touched the spot with the pall of Saint Martin's sepulchre and begged forgiveness of the holy martyr for applying profane medication. And this same pontiff of Tours declared that he who rendered himself worthy of celestial medicine needed nothing from human physicians. Later on, the fragment of the true cross, bones from the saints, a hair from their head, or a bit of the coffin, was sufficient to cure the most grave maladies. As, for instance, Franciscus de Paula cured an anchylosed joint by giving the patient three dried figs to eat. Hugo, the Holy, took a serpent from the body of a woman by giving her consecrated water. With the water in which Saint Sulpecia washed her hands aggravated infirmities instantly were cured. One hair of St. Boniface acted as a valuable purge. Hair of the saint Coleta cured heart disorders. Catalepsy was relieved by drinking from her cup. The bones of Saint Anastasia relieved idiocy, and a hair from the beard of Saint Vincent made sane a raving lunatic.

Louis IX, of France, in the year 1244, was in the agony of death with rigid body and fluctuating spirit; a piece of the true cross was laid upon him, and he was restored to full life. About this time the value of the ass as a prophylactic and curative agent in many countries was discovered. The brown cross he bears on his back is a mark of distinction since the Saviour rode him, and if a child had whooping cough, all that was necessary to a cure was to pass him nine times over and under the ass.

If a person had a troublesome sore from a scratch of any kind, all he had to do to secure perfect healing was to recite the following:

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"Our Saviour was of virgin born;
"His head was crowned with crown of thorn;
"It never cankered nor festered at all,
"As I hope in Christ this never shall."

And here is a charm for a cramp; let us try it some day:—

"The Devil is tying a knot in my leg;
"Mark, Luke and John, unloose it, I beg!
"Crosses three we make to ease us;—
"Two for the thieves and one for Christ Jesus."

The toad, "though ugly and venomous, wears yet a jewel in its head," and was as late as the sixteenth century considered a sure cure for scrofula, I am told that this reputation exists in Ireland to this day. Here is the prescription:— "Take a young toad, cut off its limbs, put them in a rag and tie it round the patients neck." A sure cure is promised, aye, and cures are reported, but not as many as come from the touch of the king. And this same cure of scrofula by the king's touch seems to me the very strongest argument in favor of the influence of mind over body. For, mark you, even the king whose legitimacy was questioned and Elizabeth, who was ex-communicated by the pope, cured cases of scrofula simply by the touch.

In the middle ages, a tumor was cured by stroking a dead man's hand, and warts disappeared when a knotted string, which was solemnly buried, rotted away. All this while patient students were still busied with the pursuit of the science of medicine. The schools at Boulogne and Padua, Paris and Vienna were centres of advanced medical culture. But then as now, scientific physicians were disheartened by the mad enthusiasm with which the multitude hastened after some new thing.

In the latter part of the 18th century, Mesmer rapidly acquired fame and fortune as the first promoter of what is called from him "Mesmerism" or animal magnetism. His theory was that the universe was pervaded by a subtle fluid, magnetic or electric, and that this fluid could be utilized by the use of magnets for the cure of all diseases. This wonderful fluid he declared dwelt in a peculiar manner in his own body, and gave him therefore peculiar power to heal.

People from all over Europe, with real or imaginary ails,

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flocked to him, and riches flowed in upon him. Great numbers of imaginary ailments were cured through the power of faith in mesmerism, and the report of these miracles went abroad and brought patients from many counfries.

He finally claimed from the French government a princely reward in lands and money, on the ground that he was one of the nation's and world's benefactors. To test this claim, the government appointed a commission of famous scientific men among whom was Benjamin Franklin.

This commission made a careful examination, and reported "that the chief influence exerted by and through Mesmer was upon the imagination; in other words, due to superstition." Once this clearly shown, the crowd ceased to throng his antechambers, although Cagliostro, one of his followers, amassed a fortune through the credulity of the people.

Investigators, to-day, into the nature and power of mesmerism, while agreeing with the old French commission, accept the fact *that belief will affect bodily function*, that even the very nature of the affection may be dominated by belief, and this known influence of the intellect and emotions on the body forms the basis of *expectant treatment* in medicine.

Has human nature changed as the centuries advance? Each succeeding theory either in politics, religion or medicine, came in response to an expressed need of the people. To the need of to-day, what is the answer?

The advent of prophets in the world's arena has marked some of the great epochs in the world's history. The time of their coming is always peculiar. An Isaiah, a Jeremiah, a Hezekiah, a Jonah was always sure to come when for a long time routine had taken the place of experiment and the current of events had remained unchanged, or when some gigantic wrong reigned supreme. With the advent of the prophet, there came a revolution of the times,—a revolution either in the world of common law, or of spiritual law, or of scientific theory.

The ancient prophet was an iconoclast. He broke all laws and customs, and fearlessly shattered every sacred image. He seemed to come in answer to the cry of the people;—"How long, O Lord, how long!" And this cry came from hearts burdened with political depravity, spiritual darkness, theological

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or medical superstitions. Is the time of prophets past? Must we hence go on in darkness without special revelation? Shall our old idols continue to be our gods? In answer to the cry of the scientist for light, come Darwin, Huxley, Maudsley and other good thinkers. To the physician, Koch, Pasteur and Lister bring theories of prophylaxis and cure. To the church, new developments of the power of prayer of the faithful, and to the speculative philosopher, a Mrs. Eddy brings the "Science of Health."

Many are the attractions in these fields, but the subject of to-day has exclusively to do with methods of cure and their relation to superstition.

Now, concerning the prayer cure. In the presence of this theme I feel constrained to take the shoes from off my feet, "for the place where I am standing is holy ground." The Master said, —"Go ye into all the world, heal the sick," etc, The great physician himself practiced healing by faith. The apostle Paul said:—"Is any sick among you let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord, and the prayer of faith shall heal the sick, and the Lord shall raise him up."

On the other hand, and the satire seems to me very fine, hear James:—"What doth it profit, my brethren, though a man say he hath faith and hath not works; Can faith save him? If a brother or sister be naked or destitute of daily food, and one of you say unto them:—'Depart in peace, be ye warmed and filled'; notwithstanding ye give them not those things which are needfull to the body,—what doth it profit? Even so faith, if it hath not works, is dead being alone." In the light of this parallel passage, are we not in conscience bound to use every means in our power, and then pray to God in faith that he may bless the means? I believe that God helps those who help themselves. There is no encouragement from the first chapter of Genesis to the last of Revelation for us to believe that magic will be wrought in our behalf. Far be it from me to deny God's power in all the details of life. He makes the sun shine on the just and on the unjust. It is God alone who brings the harvest and fills our granaries; but He will not allow man to reap that he has not sown. This our God is a God of

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law; as He is the first cause of law, so He is in all things obedient to the law of His being, and so far as we know, works only by means. And yet, I am forced to confess that many of the instances of healing by prayer are so authenticated that I find it difficult, nay, impossible, to disbelieve the narrators.

Rev. Mr. Leavitt and Miss Dryer, both reliable witnesses, vouch for the truth of the following story, which is only one of many instances of the potency of prayer—published by Mr. Moody recently:

"A mother, Mrs. Jordan, seventy-seven years of age, her daughter Miss Jordan, a widowed daughter, Mrs. Furlong, are the subjects of what seems to me to be as great a miracle as any of those of our Lord.

Mrs. Jordan suffered from a fracture of the hip, and on account of her years, anchylosis of the joint took place. She was obliged to walk with a cane, and while in this condition, fell and sustained a fracture of one of the bones of the arm.

The daughter, Miss Jordan, was a pronounced victim of tuberculosis, her physician being hopeless of doing more than alleviate her suffering.

Mrs. Furlong, from care and overwork, became paralyzed on one side, her arm being entirely helpless. She failed to keep appointments with her physician on two successive occasions, although sorely needing help; and after the second one, sat alone in the dining room and meditated one evening upon her helplessness and the futility of all human aid. To whom should she go for help if not to the great healer? And in this hour of her utmost need, she appealed to God, through Christ, for relief of her infirmity. Laying the withered hand upon the table she demanded that it be made whole like its fellow. It was unto her even as she said; her side was made whole that very hour, and to the surprise of the whole family, next morning she was able to attend services in the church, walking to and fro during the day, sixty blocks.

This result of prayer seems to me entirely in accord with the laws of nature; the nerves were deadened, numbed, not atrophied, and the intense effort of the mind in prayer produced determination of blood to the parts, thus resulting in a shock to the nervous centres presiding over the paralyzed muscles, and

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health came again. When I tell you, however, that in answer to the prayer of this woman the decrepit mother was restored to activity, and the senses which had been numbed for years had renewed their youth, that Miss Jordan, hopelessly dying of consumption, was lifted from her bed of suffering and is now an active teacher among the freedmen of the South, well and strong and happy in her new life, I find myself constrained to the confession that so far as I know, science applies no explanation of this phenomenon, and one seems to hear the voice which said:—"Be still and know that I am God."

The miracles of our lady of Lourdes furnish other instances of the no less wonderful power of prayer and faith.

Not long ago, I heard an account given by father Doney, of Chicago, of the miraculous cure of his sister from a grave malady which had wrecked her life for many years, and which physicians in charge of the case had declared hopeless, except by means of a grave operation. This girl was taken to Lourdes, dipped in the water, and has never since said "I am sick." Do you scorn the stories? The witnesses surely are reliable; for the testimony of any one of the three I have quoted, the clergyman, the priest and the woman whose life is devoted to the reading of the word of God to the poor and needy, would surely be taken in any one of our civil courts. These and their followers claim that the results so wrought are legitimate results of faith. The power of faith cannot be measured by any instruments or by any chemicals. It has nothing to do with science or philosophy; its laws are unknown to man; it begins before reason, science and observation begin, and extends far beyond where either end.

I shall hope further on in my paper to offer physiological grounds for the action of faith upon the nervous system and its causation of results, due to definite nerve action. But I do not know and I cannot tell by what power it works the marvel of recreation of lost tissue of either lung or bone or muscle; and until, like the doubting Thomas, I can put my hand on the healed part, *I cannot believe.*

Next to the power of prayer to heal the sick, the subject of mental healing will properly occupy our attention.

The prophetess of this new dispensation is Mrs. Mary Baker

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G. Eddy, who claims that "Our *discovery* that mind produces all the action of the body, set thought to work in new channels, and we find the statement that all is mind, true and demonstrable." "The realm of the real is the spiritual; the opposite of spirit is matter, and the opposite of the real is the unreal or material. Matter is an error of statement, for there is no matter. The conservative form called matter and mind, God never formed. Intelligence never produced non-intelligence, such as matter; the immortal never produced mortality."

Starting with the first ideá, Mrs. Eddy seeks to acquaint us with the basis or principle which separates science from metaphysics and controls it to certain results in demonstration. "God is the principle of metaphysical science, and this Jehovah is not a person but a principle, and this principle is life, truth, health, substance and intelligence. There is but one life, one substance, one truth, and this is God,—omnipotent, omniscient, omnipresent."

"It shall be understood that man and all that is real is formed and governed by one mind, one life, truth and love." Recollect that spirit, soul, is not in the body, for God is not in man. We cannot put the greater into the lesser. Intelligence is circumference, not centre. The scripture says, "The soul that sinneth, it shall die." If soul sins, it is mortal, and because soul is immortal, sin, sickness, death is no part of the soul or spirit. (A good arguement for Universalists, in that all sin dies with the body according to this theory, and whatever may have been man's life while upon the earth, he stands part of God when unclothed from this mortal form.)

"There is no life, substance, part, intelligence in matter; all is mind,—there is no matter."

"Spirit is the real and eternal; matter the unreal and temporal. Spirit is God; man is his image and likeness; hence man is spiritual." Then follows a startling statement;—"Spirit or soul is the substance, for God is the only real substance. The universe and man are the shadow of God or idea; life is principle, without beginning, without end. Life is not limited; death and the finite are unknown to life. Man is not matter or brains or blood or bones; he is the image and likeness of God, and God is spirit. These brains and nerves do not feel; nerves are

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only a belief of sensation and life in matter. Mortal mind is a belief that names itself intelligence and brains, but mind causes action, (constructs all life,) produces all result, and physiology, the *forbidden fruit of knowledge* against which Truth warned man, would have life, alias God, in matter, and death admitted the master of life. Physiology exists on the reality and necessity of sickness and death; theology on the necessity and existence of sin, despite of God; and these beliefs would make soul and body mortal, for "the soul that sinneth, it shall die."

Mrs. Eddy disclaims all association with medication, with hygiene, with mesmerism or mediumship, resting in the belief that God can suffer no pain, that soul, being God, can suffer no pain; therefore all sickness is merely a concept of mortal mind. And she contends that this marvelous science of health was gained by a careful avoidance of all physiological and physiological theses. She devoted three years to the study of the Bible and meditation upon what she there read. She believes that every disease is the result of some dread in the mind, and goes to the extent of believing that even travail in child-birth is an affair of belief. Those of us who have had experience in the matter will find it difficult to believe the following narrative found on page 34 of her book.

Miranda R. Rice, of Lynn, Mass., says:—"At the birth of my youngest child, Mrs. Eddy was called. Slight labor pains had commenced before she arrived. She stopped them immediately and requested me to call a midwife, but to keep *him* below stairs until after the birth. When the Dr. arrived, and while he remained in the lower room, she came to my bed-side. I asked her how I should lie; she answered, "It makes no difference how you lie," and simply said "Now let the child be born," and immediately the birth took place. The Dr. was then called into the room to receive the child, and saw I had no pain whatever. The M. D. covered me with extra bed-clothes, charged me to be very quiet and careful about taking cold. Before he went out I had an ague coming on. When the door closed behind him, Mrs. Eddy threw off the extra bedding and said:—"It is nothing but the fear the Dr. has produced which causes these chills." They left me at once. She told me to sit up when I chose, as long as I chose, and to eat whatever I

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wanted. I ate whatever the family did; had a boiled dinner of meat and vegetables the second day, and with the exception of eating gruel between my meals, made no difference in my diet. The third day felt unwilling to lie down, and in a week was running up and down stairs attending to my duties."

Physicians will readily recall many instances of ab solutely painless child-birth on record in books on midwifery. This condition of things in well-authenticated cases was due either to the most perfect obedience to special rules of hygiene during pregnancy, or the case was indeed a *lusus naturæ*.

Mrs. Stanton, I believe, claims to have born her children without the ordinary travail, and commends to all women the most careful attention to hygiene to secure this result. So women as well as doctors disagree.

One more illustration of the remarkable success of Mrs. Eddy as a healer, and we proceed to a further consideration of the principle of her metaphysical healing. L. C. Edgcomb, of Lynn, Mass., writes concerning a little child:—"My little son, a year and a half old, had ulceration of the bowels, was reduced almost to a skeleton, eating nothing but gruel, or some very simple nourishment. The physicians in charge of the case were giving him nothing but laudanum."

"You, Mrs. Eddy, came in, took him up from his cradle, held him a few minutes, kissed him, laid him down again, and went out. In less than an hour after that he got up, had his playthings and was quite well. His evacuation was natural; he has not suffered from his complaint since, but is well and hearty. In about three days after you called, he ate a *quantity of cabbage just before going to bed.*" A long farewell to Horlick's and Ridges food, if any baby can have such a stomach as will endure cabbage.

Mrs. Eddy claims that her experiments in homœopathy made her sceptical of material curative methods. She says:—"In the two hundred and sixty remedies of Jahr, from aconite to zinc, we found the general symptoms, characteristics, pet peculiarities, and moral symptoms that demand different treatment. But when a drug was attenuated to a degree that not a single vestige of it remains, we could but learn it is *not* the drug that cures the

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disease, or which causes one of its moral symptoms. We have attenuated *natrum muriaticum* until there is not a single salient property left, and with one drop of that attenuation in a goblet of water, a teaspoonful every three hours, cured a patient in a *collapsed* stage of typhoid fever.

"A case of dropsy, given up by the faculty, fell into my hands. Tapping had been employed, and the patient looked like a barrel in bed. We prescribed for her the fourth attenuation of argentum nitricum, with occasional doses of sulphur. She improved. But believing then some in the etc. of medical practice, we began to fear a crisis or aggravation. To avoid this, we gave unmedicated pellets for a while. She continued to gain, and finally said she would give up her medicine and risk the effect. After this she informed us that she could get along two days without any medicine. The third day she suffered and was relieved by taking the medicine, which was the *unmedicated pellets*. She continued taking unmedicated globules occasionally, with visits from us, employing no other means;—*she was cured*." The author argues from this that the mind governs body, and verily, she has reason on her side, from high potency doctors to "mind healers;" the step is not very great. Hear her further: Change of belief changes physical symptoms and determines the case for better or worse. If the auditory nerve is destroyed, and the optic nerve paralized, that need *not* occasion deafness or blindness; mind and heart must say, "I am deaf and blind" *and believe it*, to make it so.

The following quotation is perfectly delicious, a veritable apotheosis of ignorance. "When there were not so many doctors, and less thought given to sanitary science, there were better constitutions and less disease. The action of the mortal mind on the body was not as injurious before the curing and curious Eves got medical works, and the unmanly Adams charged their falls and the fate of their offspring upon their wives. The primitive privilege to take no thought about what you shall eat, left the stomach and bowels to act in obedience to nature instead of art, and gave the gospel a chance to be seen in its glorious results upon the body. Less books on digestion and more sermons in stone, made better health and greater longevity of the antedeluvians."

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Statistics prove that the length of life is greater now than at any period of the world's history of which we have definite record.

The presence of such a healer at the stations of various railways would save millions of dollars to the corporation who now have to pay for damages occurring on the lines. For Mrs. Eddy herself was thrown from her carriage; her case was given up by attending physicians, and by the careful consideration of the *book of Mark*, in the New Testament, she was cured. To be sure, it took three days to accomplish this marvelous result, but what of that! 'twas less expensive than surgical aid.

"The Christian martyrs illustrated the power of metaphysical science. Through the uplifting sanctifying power of divine truth they obtained the victory over the senses which metaphysics explains." Accepting this statement, we need henceforth feel no further sympathy for the virgin torn by lions, or the saints sawn asunder, or the holy men of God whose funeral pyres illuminated Rome; for verily, if the science of metaphysics be true, these felt no sort of pain; mind cannot suffer. What then hinders this mortal body from being immortal. Where shall we find the limit of the power and fact of mind? If disease and accident and the feebleness incident to age be all phantasm, then has "this mortal already put on immortality, and death is swallowed up in victory."

I dare not trespass longer upon your time with quotations from these marvelous volumes, which have already passed into the 13th edition, and their author has made many converts to her theory, and many shekels have been poured into her lap by the credulous who have succumbed to her influence.

Let us for a few moments consider the "Primitive mind cure or elementary lessons in Christian philosophy and transcendental medicine" as expounded by *W. F. Evans* who, I am informed, anticipated Mrs. Eddy, and seems to have applied idealistic philosophy, the doctrines of which were taught by Berkley in the year 1710, to the cure of mental and bodily maladies.

He claims that the "plane of sense is the region of deceptive appearances, and that on this plane disease exists."

Plato says, as before quoted,—and here *he* anticipates Berkley,—"all diseases of the body proceed from the soul." The

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countenance is mind visible. Fear blanches the face, joy illuminates it, and an instant thrill electrifies a million nerves, surprise hurries pulse. The office of the physician, then, extends equally to the purification of mind and body; to neglect the one is to expose the other. It is not only the body by its sound constition strengthens the soul, but the well regulated soul by its authoritative power maintains the body in perfect health."

So far Plato; now hear Evans:—"To begin with, it is a fundamental illusion that we are in time and space, for the directly opposite is true; that is, time and space are in us, the same as thought and feeling, or subjective forms of sensation, as Kant demonstrated. Time is the succession of ideas in our minds, and motion in space is a change of feeling. All outward things are in reality inward things, the objective is the subjective. All properties of matter are only sensations and ideas in our minds. The world is not external, only as a sensuous seeming, as Maia or illusion. It is a mental picture.

Schopenhaur says the world is my presentation or mental picture; it is what I represent it to be; it agrees exactly with my thought;—it is my thought. The world exists for me only as a picture, and a belief of my existence in my mind only so far as it is portrayed by my thought and is present to my consciousness. He only is a philosopher to whom this is distinct and certain." All this is true of the human body, which is no part of mind, but belongs to the world picture and is part of it. If we accept then this theory, how easy to understand that there is no such thing as pain, if we do not believe there is. And one of the most sublime spiritual truths in the universe is that all pain is a positive good and pleasure in the regions of our true being. Let us console ourselves with that when next we have toothache.

"It is one of the offices of faith by the higher intellect to interpret the meaning of a sensation, and in disease the senses give us no true knowledge of our true condition. We must free ourselves from the bondage of the senses and accept the theory that headache is only an unhappiness or disharmony in the phychical or soul principle. As time and space are to us modes of thought, we locate pain by thought and in thought. Now faith disowns disease or discomfort, as belonging to the non-ego,

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or the "non-me" and by doing this we free ourselves from it and regulate it to its source." Dr. Evans goes on to say that paralysis is not in the body. It is loss of desire and will which are the spiritual principle of motion. General debility is not a physical condition; weakness and strength cannot be predicated of the bodily organism, as five-hundred muscles are not a force any more than an engine is a force; hence, this general debility is a mental languor. Nausea is not in the membranes of the stomach, but is a conscious or unconscious feeling of repugnance, or antipathy of the soul. In reply to the question "Will you swallow some of the strychnia or prussic acid, and then prove that poison does not do its work in your body?" Dr. Evans answers, "Get thee behind me, Satan; thou shalt not tempt the Lord thy God;" and then goes on to say:—"The truth seems to be that in the spiritual or material essence of prussic acid, there is something antagonistic of life principle in us." Have we a right to infer from this that prussic acid has a soul?

The *method* of healing of Dr. Evans is exactly the same as that of Mrs. Eddy;—*you must aim in the treatment of a given malady to effect permanently the idea and belief of it.* If things have an existence to us only as we think of them, then the object of thought is to practically annihilate them. To this end we must cultivate the power of faith. Since matter is no part of the real man, and exists for us only in the human mind, and in the mind only on the plane of sense which is a low range of action, we must try to elevate our consciousness above this plane. We must reject all evidences of the senses, and having decided that health *resides in us*, reason down and out of your way, consumption, cancer, paralysis and epilepsy as sensuous seeming which have no part or lot in the real *ego*. Can this be accomplished? *H*as any man to-day this power? What basis has it in law? Does the mind dominate the body or are they interdependent, each influencing the other through the nervous system. Maudsley wisely says; "It behooves us to clearly realize the broad fact which has most wide-reaching consequences in mental philosophy and pathology, that all parts of the body, the highest and the lowest, have a sympathy with one another more intelligent than conscious intelligence can yet or perhaps ever will conceive; that there is not an or-

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ganic motion visible or invisible, sensible or insensible, ministrant to the noblest or to the most humble purposes, which does not work its appointed effect in the complex recesses of the mind; that the mind as the crowning achievement of organization, and the consummation of all its energies, really comprehends the bodily life."

If this be true—and the statement agrees with the conclusions of scientific investigation, then "The idea of a particular motion determines a current of nervous action toward the necessary muscles, and gives rise to the motion independently of the will." This idea must be transmitted through certain media, and this media necessarily to the white nerve fibres which are the carriers of mental impressions, volitions, sensations. Without the body to express its passions, aspirations, volitions, the mind would be blind and deaf and dumb so far as this world is concerned.

Casper Hauser proved the dependence of the mind upon its surroundings for culture as well as for expression.

Where was the God, the life, the truth, the omnipotent, the soul of that unfortunate boy.

*"I have no wish whatever to exalt unduly the body; I have, if possible, still less desire to degrade the mind; but I do protest, with all the energy I dare use against the unjust and and most unscientific practice of declaring the body vile and despicable; of looking down upon the highest and most wonderful contrivance of creative skill as something of which man dare venture to feel ashamed."

The power of the mind over the body is recognized by scientific physicians, and, the success of what might be called expectant treatment, as said before, depends largely upon it. The internal organs are not the agents of their special functions only, but by reason of the "Intimate consent in sympathy," as Maudsley has it, they are essentially constituents of our mental life. This consent of sympathy may, nay, surely *does*, account for the influence of the mental sphere upon the functions purely material. The medium between mind and body must be the brain; and surely it is a recognized fact that changes in so-

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*Maudsley.

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called mental conditions are due to changes in brain nutrition. We might conceive the brain to be divided, so far as its supply is concerned, into two areas; one, the anterior, fed by the internal carotids; the second, the posterior, fed by the basilar artery, and although there is an immense amount of inosculation in the brain circulation, yet not enough to supply deficiencies which may be caused by any hindrance to the source of supply in either area. Cells in these vascular areas are of different functions and qualities. The posterior area dominates the organic processes of the body; the anterior relates to the processes of life. So we find the emotions and systematic sensations lie on the posterior area. Intellectual powers and peripheral sensations lie anteriorly. This geographical connection, so to speak, accounts for the existence of mental depression when there is abdominal disease. This abdominal disease seems to cause depletion of the emotional centres; the brain does not get the blood it needs in this part, hence the patient is low-spirited. Now, given a definite abdominal disease, how can it be that the influence of the mind of another person can so change the circulation of the brain as to quickly increase the blood supply? This question is specially pertinent, since in case of mental depression due to faulty action of the liver, or other internal organs, it is impossible to lead the attention to the real cause of the mental malady; hence the action of the attention cannot cause a flux of nervous energy to the part really at fault, and so insure a change in circulation. A large proportion of the mental maladies of women now treated in our asylums are due to disease of the genital tract, and one of the very best tests of the genuineness of the metaphysical theory of cure would be the presence and active service of a metaphysician at any asylum where these unfortunates are incarcerated. Far be it from me to deny that mental states do affect the body! The fact is patent, but the study of the history of mental disease shows that the converse of the proposition is equally true, and the body many times dominates the mind.

*"The physician cannot afford to lose sight of the physical

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*Maudsley.

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aspects of mental states if he would truly comprehend the nature of disease, and learn to treat it with success. The metaphysician may, for the purposes of speculation, separate mind from body, and control the laws of its operation out of the depths of self-consciousness, but the physician who has to deal practically with the thoughts, feelings and conduct of men, who has to do with mind, not as an abstract entity concerning which he may be content to speculate, but as a force in nature, the operations of which he must patiently observe and anxiously labor to influence,—mnst recognize how entirely the integrity of the *mental* functions depends upon the integrity of the *bodily* organization; must acknowledge the essential unity of body and mind."

"It is not that an intangible something flashes inwards and mysteriously affects an intangible and metaphysical entity, but that an impression made on the sense is conveyed along nervous paths of communication, and produces a definite physical effect in physically constituted mind centres; and that the mental effect, which is the exponent of the physical change, may be then transferred by molecular motion to the muscles, thus getting muscular expression, or to the processes of nutrition and secretion, getting expression in modifications of them." And because of this very unity, the intellect, sensibility and will, to quote Upham's division of the mental powers, do have influence over the voluntary and involuntary muscles, and so change bodily states.

The intellect may excite ordinary sensation, which in addition may be either excessive (hyperæsthesia) or diminished (anæsthesia.) It may induce perverted sense (paræsthesia) or painful disæsthesia. The mouth waters at the presence of a dainty dish; the teeth are set on edge just seeing a person take hold of a slate pencil to scrape a slate; Herbert Spencer says: "I cannot think of seeing slate rubbed with a dry sponge, without there running through me the same thrill that it actually produces."

As an illustration of the power of intellect to excite sensation, let twenty people direct their attention to their little finger for five or ten minutes. The result will be something like this;—some will be unconscious of any sensation; a few

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will experience disæsthesia, some hyperæsthesia, and a majority will feel a slight sense of weight and tingling. How is this to be explained? Have sensations been going forward in the tissues without our noticing them? Or does the attention excite increased vascularity of the sensory ganglia and cause subjective sensations? Or does the sympathetic sense become excited, the vaso motor nerves influenced so as to cause the temporary changes in the finger which involves sensation?

The first supposition does not seem probable; the feeling experienced is partially subjective, and there is a real effect produced upon the finger, if thought is sufficiently directed to it, and these vascular changes are felt in the form of there being a weight. As an illustration of the possibility of inducing insensibility of bodily pain by psychical means or by misleading the intellect and so stimulating the imagination, the following story is in point: During the year 1862, Mr. Woodhouse Braine, who had large experience in administering anæsthetics, was called upon to give chloroform to a very nervous girl who was about to have two tumors of the scalp removed. On going into the operating theatre, he says, "I found the bottle containing the chloroform had been removed to the dispensary, and on testing the inhaler, found it did not even smell of the chloroform; but while waiting for the bottle, the face-piece was applied to the face, that the patient might get used to it, when she at once began to breathe rapidly. When she had done this for about half a minute, she said, Oh! I feel it, I am going off! and as the chloroform bottle had not yet arrived, she was told to go on breathing quietly. In a moment her hand fell down, and as she did not replace it, I thought I would pinch her arm gently to see how much her hysterical state would bear. She did not notice a gentle pinch and so I pinched her as hard as I could. She did not seem to feel it at all. I asked the operator then to begin, and he incised one of the tumors, and as the cyst was only slightly adherent, he pulled it away. Then, wishing to see the effect of her imagination, I removed the face-piece, and said to the operator, who was going to remove the second tumor: wait a minute, she seems to be coming round. Instantly her respiration altered in character and she commenced moving her arms about. I then reapplied

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the face-piece; her breathing again became quiet, and she submitted to the second operation without moving a muscle, and when water dressing and bandages were applied, she was asked whether she felt anything. She said, 'No, I was quite unconscious of all that was done.' And to the time she left the hospital she firmly believed in the potency of the anæsthetic which had been administered." This is but one of several similar instances given in Tukes "Influence of Mind on Body." The question arises, why then do we not avail ourselves of psychical anæsthetics; and the answer naturally would be, such can only be used successfully upon sensitives or persons available for mesmeric experiment. There are certainly instances where the will of the operator entirely controlled the patient, a very different method from that pursued by mind healers who disclaim any relation with Mesmer.

The action of the intellect upon the organic functions is acknowledged. What mother has not felt a flow of milk into her breast as she heard the hungry cry of her babe? It is a fact proved by army records that a defeated army succumbs more readily to dysentery and malaria, and that the life in prison is more fatal to the health of the prisoner than to his jailer, although both are equally deprived of liberty.

Claude Bernard maintains that all this can be accounted for by the action of the nervous system on the blood. He believes that both sympathetic and cerebro-spinal nerves act upon the vessels. The former, serving as moderators, contract the vessels and lessen the supply of blood. The latter, when stimulated, cause them to dilate. The action of chemical phenomena is augmented when the nerves from the cerebral system paralyze the influence of the sympathetic system; this may result from suspended action of the cerebro-spinal nerves. Secretion is the characteristic of glands, as contraction is of muscles; and the nerve force acts directly on the glandular tissue, which will explain the flow of milk when the child cries.

Leibig says, "Every conception, every mental affection is followed by changes in the chemical nature of secreted fluids; every thought, every sensation is accompanied by a change in the composition of the substance of the brain, which may lead to changes in the activity of the glands. We have here then

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the physiological explanation of the cures through faith in prayer, or through the influence of superstitions of all diseases dependent upon irregularities of nerve function. But once again I affirm that physiology offers no explanation for the power of prayer to renew the tissue, make bone, or fill up the cavity caused by cancerous decay.

The emotions have surely the same power as the intellect. We speak of some feelings as corporeal and others as mental, although the former state involves consciousness as well as the latter, only it is referred to the condition of something external to the mind which impresses itself on the extremities of the sensory nerves distributed upon and in the body; and in regard to the special senses, while unconsciousness is implied, it is referred to the varying state of the bodily organs as impressed by external objects. There can be no question as to the fact that moral disgust does in some instances cause a sensation of nausea; or distress of mind may occasion neuralgia, or fright occasion a sensation of cold, or that the senses under fear may be stimulated centrally so as to cause subjective sensation. These facts are of interest, whether our physiology regards the functions of the hemispherical ganglia as comprising the sensational as well as the ideational elements of the passions, or whether it relegates the former to the sensory ganglia alone. Not only do the mental sensations merge imperceptibly into each other, but the emotional excitement and corporeal pain alike act upon the body in quickening the circulation or retarding it. But mental sensations are so united with their asserted ideas that it is difficult and often impossible to separate the purely emotional from the ideational elements of passion. Emotion may act upon the sensory ganglia causing such a change in the nerves of sensation as to produce any of those sensations which are ordinarily induced by impression upon their periphery, such sensations, although central, being referred by the mind to the peripheral terminations of the nerves.

Claude Bernard holds that the same nerves may transmit the sensory current in both directions to and from the brain. But I am inclined to the belief that the sensations just referred to are due to the influence exerted by the emotions upon the

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sympathetic nerves; the same as, for example, the sense of creepings from fear; the local changes caused in the skin are impressed upon the sensory nerves at their peripheral terminations. Whenever the capillary circulation of a part is increased by emotional excitement, the sensibility is augmented and the mind experiences sensations in the ordinary way,—centripetally, although truly originated in an emotion. And not only so, but actually, if these morbid feelings persist, an effect is produced upon the character of the blood, and the changed blood may effect the sensory nerves, causing innumerable subjective sensations. Anæmia caused by grief or disappointment sorely taxes a physician's skill. Cases of anæsthesia may result after sudden emotion, which may be termed hysterical. Monsieur Briquet says that whatever may be the extent of this affection, "whether the whole of one side or the organs of sense, it only involves the parts supplied by the *cerebral spinal system*, never those supplied by the sympathetic, as the intestines or lungs." In a work on "La Verité des Miracles" there are the most astonishing stories of the tortures to which the convulsionaires were subjected at their own desire, to prove that they were without sensation of pain.

Here is the story of one Nisette. "She was struck on the head with a log, and then with four logs, and she then had her four members pulled in different directions. Two men stood on her body, annd two others dragged her by her arms. They pulled her legs, one person being on her stomach. They suspended her by her feet; they balanced her by her arms and legs, a man being on her back. She was then pulled for a long time, two persons at her legs and two persons at each arm. They trod her under foot, fifteen people at a time, and she was *absolutely insensible to pain*, so wrapped in ecstacy was the devotee."

We all remember the story of Goody Blake and Harry Gill, which has its origin in a curse spoken against a farmer in Warwickshire: "Heaven grant that thou mayest never know again the blessing to be warm," cried an old woman. He complained of cold all next day, gradually took to his bed, covered himself with blankets, had a sieve to cover his face, and stayed there

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for twenty years for fear of cold, or until he at length died, the victim of a superstitious fear.

Not to dwell too long on this phase of the influence of mind upon body, we turn to the consideration of the influence of the emotions upon the voluntary muscles.

Suspicion, fear, envy, jealousy,—all express themselves through the face, and it is rare indeed that the utmost self-control can hide the sentiment of a man's mind. Grief, too, shows its effect in the nervous and languid condition of the body, the weakness of the limbs, sighing respiration, convulsions of the throat and neck, the quivering of the lips. Why do these physical expressions take place? The answer is, that these outward signs proceed directly from the influence of the mind. It is to the heart and lungs and all the extended instruments of breathing that we are to trace these effects. And the same effects would be produced by morbid conditions of heart and lungs without these mental changes. To account for this, we must assume that the encephalic centre of the emotion of grief must be closely connected with the roots of the nerves supplying the lungs, so that according to a fixed physiological law so intimate are the connections of nervous fibre, it is almost impossible for the former, the brain centre of the emotion, to be excited without increasing the action of the thoracic organs.

When the mind is affected by witnessing a frightful sight, the impression is conveyed along the nerves of special sense to the brain, and the emotion excited agitates through the sensory-motor centres the muscular system, and spasms may result. On the other hand, if a terrific image is formed in the mind independently of stimuli from without, the muscles are aroused to more or less violent action by the idea of exciting emotions which operate upon the sensory centres and ganglia in the same way as when they are called into action by the nerves of special sense. As an illustration, it is a fact that violent emotion has caused epileptic attacks.

Ferrier's researches and Kuessmaul and Tenner's experiments upon animals seem to suggest that it is probable that epileptic convulsions are usually brought about by the contraction of the blood vessels produced by the vaso-motor nerves. The result of sudden emotions is to contract the blood vessels,

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and so they may produce epilepsy; and the experiments with galvanism in these cases has been successful because the galvanism overcomes the paralysis of the sympathetic.

Whenever the emotions master the will, the muscles are liable to spasms. When voluntary power is first embarrassed, and while the struggle is maintained, muscular tremors occur. It is afterward, when the will is subdued, that the spasmodic movements take place. Chorea has been caused by a sudden fright, and in these cases violent mental excitement must produce such a change in the nervous system that the normally superior power volitionally over the muscular movements is suspended or destroyed. The co-ordinating power is suspended, and spasmodic action ensues. Probably the shock which the brain receives from a violent emotion disturbs normal relative nutrition and vascularity of the volitional and motorial centres. The emotions also act upon the heart and non-striated muscles with a a power similar to that which they exercise over the voluntary muscles, causing contraction, spasm and paralysis.

We need hardly delay to furnish illustrations of this fact, because every one has at his tongue's end stories of palpitation of heart from terror, or breaking of heart from grief. The nervous cough of asthma, the erection of the hair under the influence of terror, the dilatation of the pupil in excitement, the paralysis of the alimentary canal, nervous constipation and its opposite, diarrhœa, all illustrate the wonderful influence of the emotions upon the involuntary muscles.

But enough of these illustrations of an almost self-evident truth. The mind does not act upon the body, but through an influence due to its intimate relation with the body. Mental states produce exactly the same results upon the organism as physical stimuli. Have we here an argument in favor of metaphysical therapeutics? Can it be possible that, absurd as it may seem to us now, we are on the eve of a new revelation in science? To be sure, the superstitions of one age become scientific facts in the next. But although so great a philosopher as Hegel has declared in his "phenomology of mind" that: "Mind is rational, but through consciousness it is free from the power of nature and uses the latter for realizing its purposes and thereby spiritualizes it. In its history it annuls

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nature. It is higher than nature, because it is the *highest, the absolute in aggregate which knows itself* as truth." I find myself *compelled to dissent.*

Says Addison: "There are some questions in which a man should stand neuter;" and although this question of the extent of mental influence over body may be one of those, still I am constrained to join Maudsley in his protest against a couplet which Sir William Hamilton used to hang on the wall of his lecture room:

> "On earth there is nothing great but man;
> "In man there is nothing great but mind."

On earth there are assuredly other things great besides man, though none greater. And whosoever, inspired with the spirit of aphorism, thinks to know anything truly of man, without studying most earnestly the things in the body that lead up to man, or to know anything truly of mind, without studying most earnestly the things in the body that lead up to and issue in mind, will enter on a barren labor which, if not sorrow to himself, will assuredly be sorrow and vexation of spirit to others. To reckon the highest operations of mind to be the functions of mental organization, is to exalt, not to degrade, our conception of creative power and skill. For if it be lawful and right to burst into admiration of the wonderful contrivance in nature by which noble and beautiful products are formed out of base materials, it is surely much stronger evidence of contrivance to have developed the higher mental functions by evolution from the lower, and to have used forms of matter as the organic instruments of all.

I know not why the power which created matter and its properties should be thought not to have endowed it with the functions of reason, feeling and will, seeing that, whether we discover it to be so endowed or not, the mystery is equally incomprehensible to us, equally simple to the power which created matter and its properties. To a right-thinking and a right-feeling mind the beauty, the grandeur, the mystery of nature is augmented, not lessened, by each new glimpse into the secret recesses of her operations.

The sun going forth from his chamber in the east to run his course is not less glorious in majesty because we have discov-

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ered the law of gravitation, and are able by spectral analysis to detect the metals which enter into its composition, or because it is no longer Helios driving his golden chariot through the pathless spaces of the heavens.

The mountains are not less imposing in their grandeur, because the Oreads have deserted them; nor the groves less attractive, the streams more desolate, because science has banished the Dryads and the Naiads. No, science has not destroyed poetry, nor expelled the Divine nature, but has furnished the materials, and given the presages of a higher poetry and a mightier philosophy than the world has yet seen.

The grave of each superstition which science slays is the womb of a better birth. And if it come to pass in its onward march, as it may well be, that other superstitions shall be dethroned, as the sun-god has been dethroned, we may rest assured that this also will be a step in human progress, and in the beneficent evolution of the power which ruleth alike the courses of the stars and the ways of men.

JULIA HOLMES SMITH, M. D., Chicago, Ill.

"Doctor," said a man to his physician, who had just presented a bill of $50 for treatment during a recent illness. "I have not much ready money. Will you not take this out in trade?" "Oh, yes," cheerfully answered the doctor; "I think we can arrange that—but what is your business?" "I am a cornet player," was the startling reply.—*Am. Druggist.*

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THEORY AND PRACTICE OF MEDICINE.

MONOBROMIDE OF CAMPHOR IN INFANTILE SPASMS.

Child, male, three years old. Called at 2 A. M., Sept. 27th. Taken about midnight with a spasm; parents and friends had been using hot-water baths, friction with mustard, and large doses of asa fœtida. There had been no cessation of spasm; jerking of left arm and leg; chewing motion of mouth; thumb turned in on palm of hand, with fingers clenched over thumb; eyes turned to the left; profuse perspiration on head and face; right side motionless, except occasionally would draw leg up spasmodically and thrust it out forcibly; bloody foam at the mouth, from biting the tongue.

On the day before, the father and mother had walked the child six miles in the hot sun. There was no history of previous illness, except the bowels had been slightly constipated for two days. Gave Cuprum met. No effect. On account of the right side being motionless, or nearly so, gave Arnica. No result. At 3 A. M. I sent for Dr. Brouse, who recommended Nux vom. Spasm still continued unchanged. We then decided to use chloroform, which had the effect to control the spasm only so long as the effect of the chloroform lasted. At 9 A. M., while the child was in a severe spasm, we forcibly opened the mouth, and put a small powder of Monobromide of Camphor, 2x, on the tongue. It was like putting water on fire. In less than five minutes the child was asleep and quiet. Having several calls to make, I left Dr. Brouse to watch the case. No more spasms until the third day. About 6 P. M. I received a note from Dr. Brouse asking me to come around as the child was at it again, and that neither Monobromide of Camphor, nor several other remedies he had tried, had any effect. On arriving at the house, I found the spasms had changed to the right side, with slight opisthotonos. Gave one dose of Nux vom. 30x. Spasm was promptly relieved, and no more up to date, Oct. 16th.

Hale in his *New Remedies* highly extols the Monobromide of Camphor in infantile convulsions due to irritation of teething, but gives no symptoms characteristic. It would seem from this case that the remedy is useful only where the left side is

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affected. This is the only time that I have ever used the drug for any purpose. I shall test it in all cases that I can. The drug is well worthy of a careful proving. Who will prove it?

M. E. DOUGLASS, M. D., Danville, Va.

PUERPERAL CONVULSIONS.

Oct. 3. Called at 5 P. M. to see the following case: Julia Y., colored, age 23, married, pregnant five months; first pregnancy.

Present condition: Lying in bed on the back, totally unconscious; perfectly quiet; eyes not sensitive to touch of finger; teeth clinched; face suffused; pulse 136, full, hard and irregularly intermittent; carotids throbbing violently, so as to shake the head.

Husband gave the following history: She had been complaining slightly for two weeks, but supposed it natural to her condition. That morning said she felt dizzy and strange about the head. He started for a doctor, going to an allopath who was his former master. The doctor answered the call, and upon their arrival at the house found the patient as above described. He left a prescription of Valerian and Viburnum op. After giving her a powder on the tongue, he left, saying that he had to go to the country and would be back the next morning. This was about 10 A. M. That evening she began to grow worse, more comatose, being aroused with great difficulty sufficiently to take her medicine.

Her employer then sent for me. I gave Veratrum vir. 6x, in water, a spoonful every half hour. At 10 P. M. saw the case again. Slight improvement; pulse 124, more regular; less throbbing of carotids.

The next morning H. K. Brouse saw the case with me, as all her friends thought the child was dead, thus causing the trouble, and asking it to be removed. There was but little, if any, change. After a careful examination, concluded to let the child alone. Changed the prescription to Gelsemium 3x, every two hours.

The next day better; could put out the tongue which had a dry, brown streak, as wide as the finger, down the center.

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Had not spoken, but had passed some urine involuntarily. Baptisia 2x every two hours.

The next morning spoke to me when I went up to the bed; had taken some chicken soup; tongue nearly clean. Baptisia 30x for two days. Child was now moving vigorously, and a house of sorrow was changed to one of joy.

M. E. DOUGLASS, M. D., Danville, Va.

PECULIAR SYMPTOM OF URETHRAN.

This new hypnotic has not been used sufficiently to allow us to judge of its real merits. In a few cases in which I tried it, it acted quite differently on different persons. In a few it caused a quiet sleep, in others none. In one case 15 grains caused each night (three nights) the following: "On lying down she seemed very wide awake, but when sitting up, a sudden drowsiness would overcome her, and her head would drop forward, and a book or other object fall out of her hands, but on lying down she was very wakeful."

Now, we find this very symptom in some cases of insomnia. Hammond says it is due to a lax condition of the blood vessels of the brain which allows the blood to flow into them to excess, when lying down. It is a common symptom in *Cerebrasthenia*.

Urethan, according to the law of similars, ought to cure such cases, when given in the 3d or 6th, or perhaps higher.

E. M. HALE, M. D., Chicago, Ill.

Dr. E. M. Hale (*Medical Era*, October, 1886,) calls attention to the assertion of Dr. G. Chase, of Milwood, Kansas, that the tip ends of water melon vines contain musk, Dr. Chase having made of them an aqueous extract which he evaporated to a waxy consistency and then employed it as a nervine. Dr. Hale also points out that musk is found in large quantities in the Sumbul (of Asia); Mimulus moschatus (growing in Oregon); the seeds of Abelmoschus, the Eurybia (musk-tree of Jamaica); Guorœa (New South Wales), and some others. But in these it is united with other medicinal principles, while the musk produced from the water melon vine is probably pure. It can probably be found in the vine of the musk-melon.

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SOCIETIES.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

CIRCULAR ISSUED BY THE COMMITTEE ON HIGH POTENCIES.

At the last annual meeting of the society it was stated substantially that, inasmuch as the curative efficacy of potencies above the twelfth cannot be determined by the continued presentation of isolated cases, it would be advisable for the society to enter upon the work of testing attenuated remedies.

It was proposed that a few well-known drugs be selected, like *apis*, or *rhus tox.*, whose pathogenesis is clearly defined, and whose curative action is distinctly recognizable, and then invite the profession throughout the state to report the results of their experience in the use of these remedies at or above the thirtieth attenuation.

The report of each case should furnish the more important symptoms; the condition of the patient; the duration and stage of the disease treated; and, particularly, the length of time elapsing between the administration of the remedy and final restoration; *the main point being to ascertain whether, and to what extent, attenuated remedies have an influence in shortening the duration of self-limited diseases.*

The proposed plan involves the collection of records of cases treated in particular localities, under conditions as nearly alike as possible. During the progress of epidemic diseases many cases occur in which the surroundings and external conditions are sufficiently similar to secure reasonable accuracy.

The committee was instructed to invite the profession to institute these clinical tests, the assumption being that the aggregated results of carefully conducted experiments, entered upon by many observers, will be less liable to error than the occasional and isolated experiences of individuals. The committee therefore respectfully solicit the coöperation of the profession in furnishing reports of cases treated by homœopathic remedies at or above the thirtieth attenuation.

The well-known applicability of *rhus tox.* in the treatment of some rheumatic conditions, and of *apis* in the treatment of

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some forms of skin diseases, suggested these remedies as suitable ones for trial. The proposed tests need not however, by any means, be limited to these. Let the series of experiments have a wide enough range to embrace all acute, self-limited diseases. Let every facility be given for the accumulation of data bearing on the question of the power of high attenuations to shorten the progress of self-limited diseases.

Groups of cases, occurring during the progress of epidemics, are of special value, as affording a better basis for analysis and comparison; reports of single cases however need not be withheld; neither should the records of failures be omitted. The whole number treated should be reported.

In order that our report may be made definite, concise and reliable, we request that the records of cases be made out in answer to the following queries, viz:

(*a*) Leading symptoms and general condition of the patient on prescribing.

(*b*) The attenuation and intervals between the doses.

(*c*) The period of time from the first administration of the remedy to the time when marked relief was noted.

(*d*) The duration of the period of convalescence to entire recovery.

Each case should be numbered, and in order to avoid errors, the answers relating to a given case should bear the same number.

Reports of cases may be forwarded to either member of the committee.

A. R. WRIGHT, 166 Franklin St., Buffalo, N. Y.,
H. M. PAINE, 105 State St., Albany, N. Y.,
Committee.

A correspondent of the *English Mechanic* says that he used the following recipe with the greatest success for the cementing of iron railing tops, iron gratings to stoves, etc., and with such effect as to resist the blows of a sledge hammer: take equal parts of sulphur and white lead, with about a sixth of borax; incorporate the three so as to form one homogeneous mass. When going to apply it, wet it with strong sulphuric acid, and place a thin layer of it between the two pieces of iron, which should then be pressed together. In five days it will be perfectly dry, all traces of the cement vanished, and the iron will have the appearance of having been welded together.

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CORRESPONDENCE.

WESTBOROUGH INSANE HOSPITAL,
WESTBOROUGH, Mass.,
October 16, 1886.

H. R. ARNDT, M. D.:

Dear Doctor:—Applications for the position of male or female physician in the Westborough Insane Hospital, at Westborough, Mass., may be made on or before the 15th of December, 1886. Those homœopathic practitioners who desire one or two years experience in the specialty of insanity, can apply in person, or by letter, before the above mentioned date to N. Emmons Paine, Superintendent, at Westborough.

CHAT ABOUT BOOKS.

THE GENUINE WORKS OF HIPPOCRATES. TRANSLATED FROM THE GREEK, WITH A PRELIMINARY DISCOURSE AND ANNOTATIONS. BY FRANCIS ADAMS, LL. D., SURGEON.

The writings of Hippocrates are presented to the medical profession by the enterprising publishing house of Wm. Wood & Co., and at a price which brings them within the reach of all. The work is issued in two volumes, being Vols. IV and V of Wood's Libray for 1886. Any physician who wishes to become thoroughly educated in medicine needs necessarily to look farther back than the era in which it has been his fortune to practice the art of healing, and any homœopathic physician who is inclined to be "weak-kneed" should not fail to read these volumes. "The Father of Medicine" was unquestionably a great man, and the stamp of his genius as well as the crudeness of his ideas are only too plainly discernible in modern regular medicine. Hahnemann, and his followers, have done much to eradicate Hippocratic barbarity and polypharmacy from "old school" practice, and it is to be hoped before another *twenty-three hundred years* has come, the disciples of allopathy will have absorbed enough from homœopathic literature to warrant them in consigning absurdities practiced during the last twenty-three hundred years, to the place where so many of their patients have gone. The memory of the absorbers will, however, shine much brighter and smell much sweeter when they become more perfect adepts in the use of *inverted commas*. The work should be read by all homœopaths, and the comparison of the progress and development of the two great schools of medicine will be a most discouraging one for allopathy. J. C. W.

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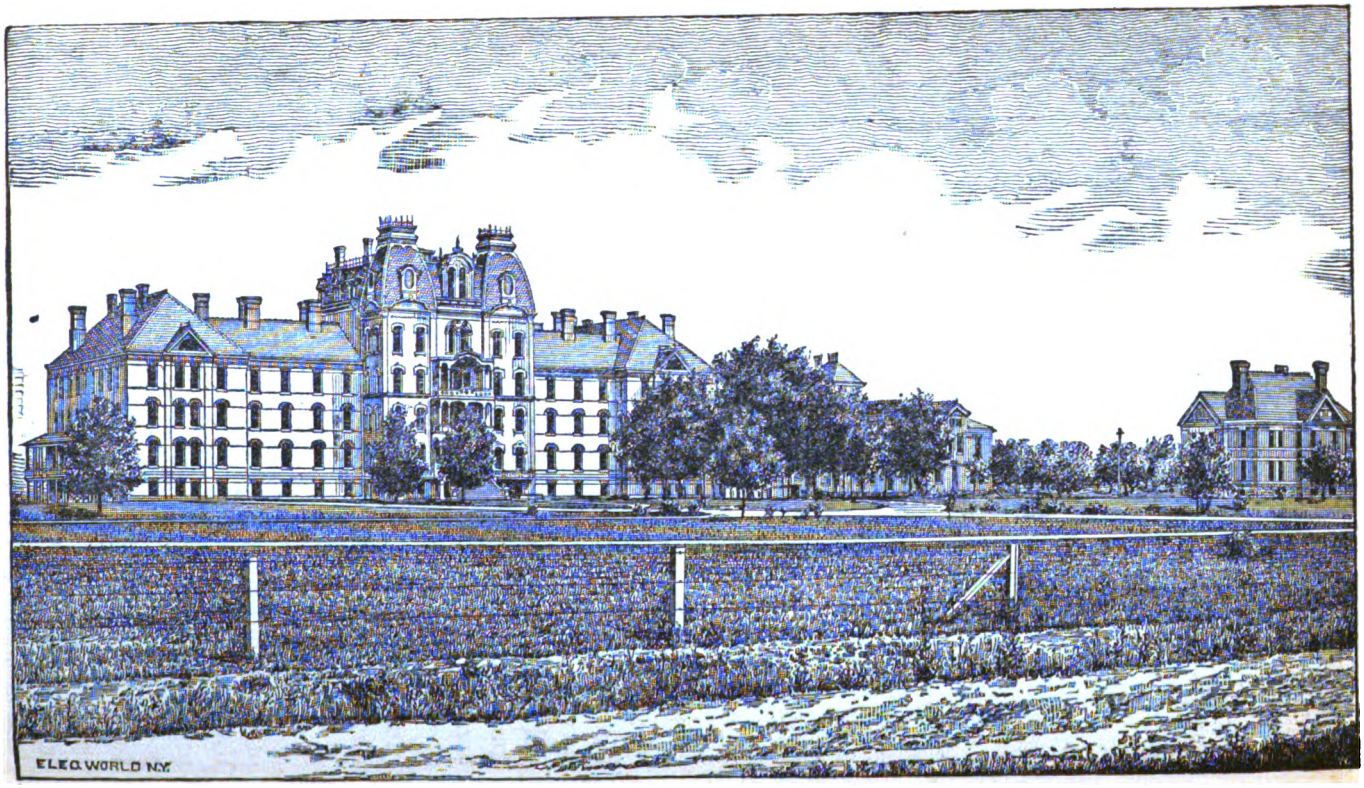

STATE INSTITUTION FOR THE CRIMINAL INSANE, AT IONIA, MICHIGAN.

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."
The general editor does not hold himself responsible for opinions expressed by Contributors. Articles for publication should be addressed to DR. H. R. ARNDT, Ann Arbor, and all subscriptions, exchanges and business communications to THE MEDICAL COUNSELOR, Drawer H, Ann Arbor, Mich.
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ORIGINAL ARTICLES.

HOW THE CRIMINAL AND DANGEROUS INSANE OF OUR STATE ARE CARED FOR.

BY A. STANLEY DOLAND, M. D., IONIA, MICH.

The legislature of 1883 passed a law which provided for the "location, erection, organization and management of an asylum for insane criminals." This act (No. 190) of the session laws was approved June 8, 1883. The board of corrections and charities was empowered to select a site, and the building was located at Ionia. Soon after, work began on the construction, and the institution was opened for the reception of patients Sept. 7, 1885, with Dr. O. R. Long, a well known homœopathic physician of extensive experience in practice and of remarkable executive ability, as medical superintendent, and Dr. A. Stanley Doland as assistant physician.

It was the design of this institution to provide for the care of all ex-convicts, insane and all homicides who were then in the general asylum of the state, all insane convicts in the state prison and houses of correction, or who might afterwards become insane in such institutions, and all those who shall commit any act of homicide or develop unmistakable homicidal tendencies at any time hereafter and who are confined in asylums; likewise all persons who have escaped endictment or have

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been acquitted of certain crimes on the ground of insanity, and all persons who appear to be insane and who are in confinement for the same crimes may be sent to this institution.

The expense of maintenance of patients is paid by the county from which they are sent, for a period of two years, the same as at the other asylums in this state, except the insane convicts transferred from the penal institutions, and the homicidal cases received on the order of the governor from the several asylums. The maintainance of these is chargeable to the state of Michigan from the date of their transfer.

Since the opening of the institution one hundred and twenty-two patients have been received. Of this number eighteen were females. The majority of those admitted were of long standing chronic disease from the prisons and other asylums, which fact should be taken into consideration when estimating the percentage of cures.

Many of these cases, now hopelessly insane, might have been restored to reason, had they been removed from prison in the beginning of their malady. As inferred above, but few cases suffering from acute disease at the time of admission have been received. But it is interesting to note the rapid improvement made in physical and mental health in those cases admitted from the prisons in the early stage of their disease, and the large increase in the ratio of recoveries. Several cases might be cited which, had their environments remained unchanged, i. e. had they still been confined in prison at a routine of prison labor, in a very short time would have become incurable. I have stated that the criminal and homicidal insane are sent to the institution. It will be perceived that this includes a very dangerous class of patients. In addition to the dangerous impulses which this class of patients possess, the criminal insane have other attributes which the ordinary insane, as a rule, do not possess. They are conniving, scheming, mischievous, corrupting and offensive in their language, and depraved in their habits, and constantly plotting to make their escape. This requires constant surveillance on the part of officers and attendants, and greatly augments

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the responsibility of their care, over the ordinary insane. It is not to be understood that all of this class manifest these characteristics in an equal degree, but they are sufficiently well marked to make a distinctive type in a majority of cases. Another class, very nearly allied, is the vicious and depraved inmates of our general asylums. In the experience of most leading experts in the cure and treatment of the insane, "the vicious and depraved inmates of asylums are more objectionable as companions to the other patients than the so-called criminal lunatics." A noted author upon criminal lunacy has said that "vice is probably more infectious and polluting than crime; and while the latter is often the result of insanity, the former is very frequently the cause of it." Since the influence of this class of patients upon the wards of a general asylum is undoubtedly pernicious, the proper place for them is with the criminal lunatics.

The relief already afforded, and the benefits accruing therefrom, to the other asylums of this state by the removal of their criminal and homicidal insane to this asylum, can not be exaggerated, and these accruing benefits may be further enhanced by enlarging the scope of this institution to include, in addition to those with dangerous and criminal propensities, all those of depraved and vicious character rendering them objectionable inmates of ordinary asylums.

Of the total number under treatment (113) to Oct. 1st, 1886, there were eighteen discharged. Of this number nine were discharged recovered, six were improved, two were not insane, and one died.

The following from the report of the Medical Superintendent for the biennial period ended Sept. 30, 1886, is appropriate and will be read with interest. "The percentage of cures to the whole number treated may to the casual observer appear small, but when it is taken into consideration that of the 113 patients admitted, a large majority of them were chronic cases, 49 of the cases of whom we have a meagre history were treated in other hospitals for a period varying from one to thirteen years, eleven less than one year. Of the remaining

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53, of whom we have no history, a large percentage were chronic, and all had been previously treated in an asylum; therefore the percentage of recoveries among what would ordinarily be considered curable cases, is large. The general health of inmates has been good. No special disease has prevailed, excepting that for which they were committed to the hospital; *but one death* has occurred since the opening of the institution, making the percentage of deaths to the whole number treated 8-10 *of one per cent.* This is perhaps the lowest mortality rate of any institution in the United States and commends our sanitary condition, if nothing more."

In the opinion of the writer it seems extremely modest in the superintendent to convey the impression in his biennial report that the results of which he speaks—the low mortality rate, etc., were due entirely to sanitation. That the sanitary condition of the institution has been excellent I will admit, but to the homœopathic medical treatment of the patients must be attributed much of the good results accomplished. Homœopathy, as applied to the medical treatment of the insane, is not entirely an experiment. It has been in vogue at the State Homœopathic Asylum for the Insane at Middletown, New York, for the past ten years with results that might be convincing to the most bigoted. The same is true of one other similar institution under homœopathic control. It would seem that these achievements in the treatment of the insane would remove forever from the minds of thinking men the blind prejudice that has existed against a scientific principle for so long a time.

There are in the asylum at the present time one hundred and two patients, seventeen of whom are females. Of the total number received since the opening, fourteen were from the State House of Correction, twenty-seven from the Michigan Asylum at Kalamazoo, eighteen from the Eastern Michigan Asylum at Pontiac, forty-two from the State Prison at Jackson, seventeen from the Detroit House of Correction, one from the Northern Asylum at Traverse City, and three were received from the circuit courts.

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With two or three exceptions, those received from the Michigan Asylum at Kalamazoo were discharged convicts from the state prison, and had been treated as insane at the prison hospital previous to their transfer to the asylum at Kalamazoo. A number of those admitted from the Eastern Michigan Asylum were inmates of the Detroit House of Correction, and were adjudged insane previous to their transfer to the asylum at Pontiac. Those received from Jackson were also chronic cases, many of them having been treated as insane in the prison hospital for several years.

Previous to January 1st, 1886, all patients that were awaiting transfer to this institution at the time of opening had been admitted. Forty have been admitted since Jan. 1st, 1886. Our male department is now overcrowded, and there are but two vacancies in the female department. It will be necessary for the legislature to take some action at its present session to enlarge the scope of this institution, to provide for the probable increase during the next two years.

The inmates are guilty of various crimes, ranging from disorderly conduct to murder in the first degree. A dozen, or more, have committed homicide, and a larger number have homicidal propensities. Some fifteen or twenty have committed murder. In reference to the matter of restraint I quote from the report of the Medical Superintendent: "Of the 85 patients admitted from the other institutions for the care of the insane, 33 had been restrained or secluded about the time of transfer, whilst *but one male patient* and *three female patients* have been restrained in the whole number treated since the opening of the institution, and with these exceptions it is very rare that a patient is secluded, although we have many patients who have committed homicide prior to admission, and a number with strong homicidal propensities."

Of the eighty-five male patients in the asylum at the present time *none are restrained*, and but one is secluded, and this is done at his own request, as he believes he is better than ordinary people and does not desire their association. There is no close or solitary confinement; no tying-up of anybody, or putting-on of shackles, or chaining-down.

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The patients receive kind treatment, they engage in games, talk with each other, and go about at will. They are given full liberty of the wards from 5:30 in the morning, the time for arising, till 7:30 in the evening, when all patients retire to their rooms, and when the weather permits they are allowed to go in and out and about the grounds daily, accompanied by an attendant. They are all controlled by kindness, and not by fear, and their minds, as far as they have minds, are diverted by pleasant associations. The sick receive extra diet and special medical attention.

In a recent issue of the *Detroit Tribune* the writer noticed a communication from the Superintendent of the Northern Asylum in which he states with reference to the treatment of the insane that a great change (due to evolution) has gradually come about, and that there is now a complete absence of all "mechanical restraint," but he fails to credit this condition (a change rather sudden for evolution) to the establishment of the Michigan asylum for insane criminals which enables them to transfer to our care their dangerous insane.

A CASE OF APIS POISONING.

BY E. H. POND, M. D., MEADVILLE, PA.

On August 1st I was called into the country to see a boy about four years old, who, the mother stated, was suffering from erysipelas. On arriving I learned that just a week before, the child was playing near the bee hives, when suddenly it began to scream, and, on running to it, the mother found its head covered with the bees. She succeeded in getting them off, but not before the child was badly stung. He seemed to get along nicely; there was not much swelling on the head, and the hand which had been stung in two places had in a day, or two, returned to nearly its normal size. The patient had appeared to feel quite well from the time he was stung up to the day before I was called. On the morning of that day he began to be listless and drowsy, and wanted to sit on his mother's lap; he refused both food and drink, and would allow no

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one but his mother to come near him. That night he was very restless and cried or moaned nearly all the time, but seemed to feél easier toward morning. The mother on arising noticed that the hand which had been stung had again begun to swell, and in an hour or two the swelling had extended to the shoulder. About noon the face and legs began to swell, and becoming frightened, they concluded to call a physician. On running my hand over the scalp, I found about a dozen places where, evidently, the child had been stung, they were about the size and shape of a half pea and very hard. The face was very much swollen, and almost uniformly bright red with here and there hard, white elevated patches and ridges. The swelling was especially noticeable under the eyes, where the tissues were so puffed out that the eyes had a very peculiar sunken-in appearance. The upper lids were somewhat œdematous. The conjunctiva was injected, and there was considerable lachrymation and photophobia. On looking into the mouth, I found a general œdematous condition of the entire throat, involving also the posterior portion of the hard palate, base of tongue, and inside of cheeks. The parts were bright red, dry and shiny. The arms were enlarged to nearly twice their normal size, and were covered with patches similar to those on the face. The legs were affected in a similar manner, but in a less degree. The scrotum was tense and translucent, looking as if affected with hydrocele. Ever since the stinging the patient had been affected with a diarrhœa, the stools being watery and yellow. He had passed no water for about 36 hours. The application of cold water seemed to give him distress. Occasionally the legs would become cold and blue, but in five or ten minutes would again become red and hot. The pulse was 135, full and bounding. I prescribed Bell. 3x in water, a dose every half hour during the afternoon, and whenever he was awake during the night. Also compress wet with verat. vir. one ounce to a pint of water. On returning the next morning, I found a great change in the patient, the redness had nearly disappeared, œdema still remained. He had passed water quite freely, and the throat was much better. He had

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eaten some breakfast, and seemed to feel quite well. I continued the same remedy at larger intervals, and, in three days he was perfectly well.

ROBERT BARNES, M. D., F. R. C. P., ON VICARIOUS MENSTRUATION.

At the April 14th, 1886, meeting of the British Gynæcological Society, Dr. Barnes read a most admirable paper on the subject of vicarious menstruation. The distinguished writer was prompted to collect the data therein given from the fact that Dr. Wilks, a writer equally as sagacious, disputed most emphatically and energetically the possibility of the phenomenon. The arguments put forth by Dr. Barnes are terse, scholarly, and, in the mind of the reviewer at least, unanswerable.

The writer says: "We are met at the outset by this difficulty: physiologists are not agreed as to what causes or constitutes normal menstruation. This difficulty may be evaded without seriously affecting the argument, by putting aside the controversy as to whether the menstrual flux is caused or not by the maturation of ovules. My own observation inclines strongly to the conclusion that ovulation is the immediate cause of the flux. * * * Briefly, then, menstruation consists in the periodical discharge of blood from the uterus. This, the most conspicuous objective phenomenon, is, however, only one act in a complicated process, of which the genital system is the focus, but upon which the entire organism is at work." After referring to the definition given by several well-known authorities, the writer proposes the term "ectopic menstruation" as being the one more clearly expressing the idea of menses escaping through an unnatural channel. He then proceeds to describe the leading constitutional phenomena attending menstruation in the following language: "Menstruation is immediately preceded by *increased nervous tension and mobility*, manifested in exalted psychical, emotional and reflex action. Closely following upon the increase of nervous

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tension is *increased vascular tension*, manifested by turgescence of the capillary and venous system, and demonstrable by the sphygmograph. The vascular tension falls quickly when the menstrual blood-flow sets in.* * * "The volume of blood is increased. Andral and Gararret showed that the quantity of carbonic acid exhaled by the lungs rises until the age of 30 in men, but only till puberty in women; moreover, that in women it falls off as soon as menstruation is established, to increase again after the menopause. If from any cause the menstrual flow is arrested for several months, as by pregnancy or lactation, the quantity of carbonic acid is increased as after the menopause."

The analogy between menstruation and pregnancy is traced in detail, and the former is likened to a mimic labor; this is done for the purpose of demonstrating that the immediate object of menstruation is to discharge the superfluous material which has failed to fulfill its mission of nourishing an embryo. Likewise, lactation is regarded as a substitute for menstruation. "Commonly menstruation is suspended during lactation; but not seldom menstruation returns before the secretion of milk ceases. It is remarkable to observe how, in some cases, the subjects gets fat and stout during lactation. It seems as if the material elaborated for lactation is imperfectly expended in its proper use; and that a portion of the surplus is expended in the formation of fat. When lactation is over, and menstruation returns, the work of absorption sets in, and the fat disappears."

After illustrating this latter theory by referring to one of Trousseau's cases, the significance of vicarious or ectopic hæmorrhages is thus touched upon. "These hæmorrhages have one characteristic in common: They are conservative in design, and probably, also, in fact. In this character, as in this ectopic occurrence, they resemble the hæmorrhages of abortion in uterine gestation, and the cataclysmic hæmorrhage attending rupture of a tubal gestation. Indeed, in these cases of tubal gestation, hæmorrhage comes from the uterus as well as from the gestation sac."

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Alluding to the fact that gestation does not always suspend menstruation, the writer expresses the opinion that these hæmorrhages are conservative in design in as much as they relieve systemic and local hyperæmia. So, also, do abortions sometimes act as a safety valve, nature in protesting against a dangerous pregnancy, and in this way preventing a rupture into the brain or lungs.

The various theories by which the phenomenon can be explained are dwelt upon. That of plethora is first alluded to, and Parrot's objection to the same quoted in full. Parrot contends that the word plethora implies excess of blood globules, whereas the victims of ectopic hæmorrhages are usually anæmic. Increased vascular turgesence and high arterial tension are, according to Barnes, more important factors in causing the unwonted discharge than is plethora, as this term is ordinarily understood. Becquerel adopted the theory that "vicarious hæmorrhages break out in organs or tissues predisposed by being diseased, by hereditary peculiarities, or congenital weakness." Scanzoni located the abnormality in the blood vessels of the organ to which the flux is deviated. Depaul and Gueniot affirm that "the blood flux usually takes place in regions or tissues deprived of their natural tegument, that is, from wounds, ulcers, ruptures of varicose veins, etc." These various local lesions are, according to Barnes, unnecessary, and he adduces cases which corroborate his statement. He avers that in many cases the diseased bleeding tissue is dependent upon the repeated hæmorrhagic molimen directed to it. It remains a fact, however, that the discharge continues to recur at the point of primary election. Why this is so, is inexplicable. Says Barnes: "We are accustomed to invoke 'habit' as an explanation. That is simply a way of saying, we do not know better."

Reverting to Parrot's objection to the "plethora theory," Barnes then discusses this well-known author's neuropathic theory. According to Barnes, nerve influence as a factor can not be denied. Thus we know that hæmatemesis may result from the suppression of menstruation by emotional causes;

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the same nervous influence is manifested in the phenomena of blushing—caused simply by the blood being directed to the surface of the body through nervous influences; and last, but not least, of the arguments adduced in support of this theory, is the fact that in a very large per cent of all cases of vicarious menstruation there is disorder of the nervous system, the emotional and hysterical element predominating."

Admitting that the last statement is true in a general way, Barnes cautions the reader not to mistake effect for cause. "The apparent frequent predominence of the neurotic element in these cases," says he, "does not prove that this element is the primary, and still less that it is the exclusive, factor in the production of the phenomena observed. Just as we can see in many cases of obstructive dysmenorrhœa, nervous disorders in the manifold shapes of neuralgia, pains, hysteria, arise and become aggravated under repeated attacks of the menstrual difficulty, so it is in the cases of vicarious menstruation, itself a form of dysmenorrhœa. But the truth lies exclusively neither in the theory of plethora or other vascular disturbance, nor in the theory of nervous disorder, but in the mutual and concurrent action of both."

The writer adds a still more conclusive argument showing that the menstrual discharge does seek some other outlet than the natural one. He says: "The vicarious or supplementary relations of organs is a familiar fact in physiology. It is a law that governs all rational therapeusis. Thus, the skin and kidneys, the lungs and liver, the glandular system, intestinal and other, are constantly doing reciprocal work. That obstructed or arrested menstruation, then, should be supplemented or helped by other organs than the uterus is in strict accordance with the fundamental laws of physiology. There is a solidarity in the organism, building the constituent organs into unity, and making them work with one consent. Reasoning from this basis, we shall be prepared to understand that menstruation is not simply a function of the uterus and ovaries, but a systemic function. We shall understand that it is a function, the due performance of which is necessary to the well-being of

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the individual. Menstruation, as an equivalent or substitute, must be performed. If, then, menstruation is not carried out in the ordinary way by the discharge of blood from the uterus, an attempt, more or less successful, will be made: (1) by ectopic discharges of blood; (2) by discharges of mucus, serum, by leucorrhœa or diarrhœa; (3) or the material in circulation, and the nervous energy prepared, will be used up in other functions, as in the processes of gestation and lactation; (4) by building up new tissues, as fat or other aberrant forms of metabolism; (5) by effusions in connective tissue, in serous cavities, or in the substance of organs; (6) by exciting various neuroses, as hysteria, epilepsy, apoplexy."

Before quoting any of the cases given by B., or referring to the treatment, I will give in his own language the writer's conclusions.

Conclusions.—"As menstruation is a physiological necessity, so, when the function can not be performed in the ordinary way, some substitute for it must be found, or mischief will ensue.

"Vicarious or supplementary functional action is a fundamental law in physiology.

"There is *nothing* exceptional in vicarious menstruation.

"Vicarious menstruation may occur under various phases.

"It is conservative in intent and action, lessening or averting evil."

CASES.

Case 1.—Hæmatemesis in a neurotic subject.—"M. A., æt. 30, single. A stout, strong woman; admitted, complaining of distressing soreness and tenderness of stomach and pain in left shoulder, extending down the arm, which was rigidly flexed; the least attempt to move it caused great pain. After being ill a month, she vomited a large quantity of blood. She was carried to bed fainting. Vomiting of blood recurred every month. The menstrual discharge, which occurred at the same time, was regular both as to time and quantity. She afterwards bled from the eyes and from the nose. She had copious lachrymation, and a serous discharge from the ear and profuse pers-

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piration. Everything bespoke aggravated hysteria."—*Recorded by Dr. Law.*

Case 2.—Blood Sweating with suppression of menses. "Spasms set in throughout the right side of the body, paralysis of the right arm followed. The left eye was struck with amaurosis. A month later the eye swelled greatly, and blood issued from it. Next, the skin of the nose yielded blood, and epistaxis also appeared; then the blood ran in jets from the nails of the right hand. After two months of suppression the catamenia reappeared and the irregular symptoms were relieved."—*Recorded by Boerhaave.*

Case 3.—Hæmorrhage from the skin and nipples.—"The subject was a stout, healthy, Parsee lady, aged 18. She had menstruated regularly from 13 to 15½, when the catamenia became first irregular, and then ceased, being replaced by bleeding at the gums and nose, and vomiting of blood. Menstruation returned. No pregnancy. Mr. d'Andrade observed blood to ooze from the healthy skin of the left breast and of the right forearm. The blood exuded showed red and white globules. The skin hæmorrhage recurred every month or two. Subsequently blood oozed from the forehead."—*Recorded by Mr. d'Andrade.*

Space will not permit me to quote in full the several other very interesting cases recorded by the writer. Seemingly authentic cases are given, showing the several routes which the ectopic hæmorrhage may select. Thus, several cases of menstruating ulcers are related; hæmorrhage in the anterior chamber of the eye; hæmorrhage from the conjunctiva and from the retina; hæmorrhage from the ears, and from fissures in the lips, from the vagina, lungs, stomach, nipples, and kidneys. The stomach and lungs are indeed very frequent points of exit for the vicarious discharge. Cases are likewise recorded, showing that unnatural discharge may occur in the form of a leucorrhœa or a diarrhœa.

The writer simply alludes, in one of the cases observed by himself (case XIX), and in those quoted this channel is not mentioned, to the probability of a vicarious discharge occur-

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ring from the rectum. The reviewer wishes to record the following as bearing upon this point:

Case 4.—Mrs. B., aet. 36. Patient came to me from the northern part of the state, in July, 1886, stating that her physicians had made a diagnosis of "cancer of the rectum," without, however, resorting to a local examination, although she had suffered intensely for three years. She was pale and anæmic, and for the last twelve months had lost enormous quantities of blood from the rectum. The menstruation had been entirely suppressed for five months, and the rectal hæmorrhage, although recurring in small quantities after each stool, presented, *unquestionably*, the element of periodicity. A series of rigid cross questions were put to the patient, in order to either confirm or disprove her statement; the *statement* was incontrovertible. An examination revealed, not a carcinoma, but a mass of large hæmorrhoidal tumors which were greatly aggravated by opium, the patient taking the tincture in tablespoonful doses. August 30th, with the assistance of Prof. H. L. Obetz, I ligated the hæmorrhoids, separation taking place in about ten days, without any untoward symptoms other than an unusual degree of pain. I gradually withdrew the opium, prescribed Nux vomica, and the patient made a good recovery. Two weeks after the operation she menstruated in a natural way, the first time in five months. She also menstruated Sept. 20th and Oct. 25th, since which time I have lost sight of the case. The bleeding from the hæmorrhoids had entirely ceased, and the subsequent periods recurring with the degree of regularity which they did after the hæmorrhoidal flux had been suppressed, would seem to argue conclusively that the latter existed as a vicarious discharge. If it were possible for the enormous doses of opium to produce a degree of anæmia sufficient to cause amenorrhœa, why, then, does he have a profuse hæmorrhage from the rectum with undoubted periodical exacerbations?

Case 5. E. B., aet. 20. This case likewise came under the observation of myself. Of Irish descent, nervous temperament, but not hysterical, and a victim of spasmodic dys-

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menorrhœa. This case was not under my observation long enough to permit a careful study of all the symptoms. Indeed, she was a patient of my old preceptor and colleague, Dr. A. I. Sawyer, of Monroe, during whose illness I was called to see her. The patient caught a could just as the menses were due, and, as a consequence, was suffering much more than usual from the dysmenorrhœa.

Upon reaching the bed-side, I found her bleeding quite profusely from a small mole, not larger than a pin-head, located on the forehead. Several large handkerchiefs were completely stained with the discharge, of which there was not less than an ounce. The face was red, the headache intense, and the restlessness very great. Under the use of hot clothes externally over the abdomen, and a hot foot bath, with aconite internally, the natural flow was established, when the vicarious discharge ceased. She gave a history of being similarly affected a year, or so, before, but, so far as I know, there has been no return of the unnatural phenomenon since a period of eight years. Who can say that the ectopic discharge in this case was not "conservative."*

Case 6.—O. A., aet. 13. This little patient is in my hands at the present time. She is large for her years, well developed, the mammæ being prominent, with quite a heavy growth of hair upon the pubes. Every four weeks, for the last six months, she has had a profuse epistaxis. Upon each occurence, during the last four months, I have been called upon to treat her, the attacks recurring every twenty-eight or thirty days. There are no evidences of an atresia in any portion of the genital canal. The patient is taking Pulsatilla.

In regard to the treatment, I again quote from Barnes:

THERAPEUTICAL PROPOSITIONS.

"The fundamental indications are obviously to remove or to relieve the conditions which obstruct the proper course of the

* A letter from this patient (dated Jan. 9, '87), informs me that she has had in all three hæmorrhages from the mole, though she thinks the last one did not occur at the menstrual period.

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menstrual flow; and next, to bring the flow into the natural channel.

"We may gather from the facts and arguments set forth that vicarious menstruation constitutes a chapter in the history of amenorrhœa and dysmenorrhœa. Therefore, we must first seek in this history for the causes of obstructed menstruation. A large order of cases of dysmenorrhœa and amenorrhœa are due to mechanical obstruction; amongst these are atresia of the vagina, atresia of the cervix uteri, acute flexion. Examples of cases due to these causes are narrated. Relief followed the removal of the obstruction.

"In another class of cases the menstrual disturbance is traced to nervous influences, emotional or reflex. These cases are often associated with defective hæmatosis, disordered nutrition, and general functional derangement. These complications may either precede or follow upon the nervous disorder. The indication here is to correct the constitutional derangement.

"In another class of cases the deviation is partly determined by an unhealthy surface or organ, which becomes the elected seat of hæmorrhage. In these cases a cure is facilitated by healing the morbid seat, and thus, as it were, closing the unnatural route against the discharge. Whilst aiming to gain this point, we must at the same time employ means to direct or attract the menstrual nisus to the uterus. This is done by derivative or revulsive bleedings. Cases narrated prove the value of bleeding from the foot, of leeches to the arms or vulva. The principle is of large application in medicine. I have seen, especially in Paris, the most strikingly beneficial results. Concurrently with this it is of essential service to stimulate the uterus by iodine injections, and to use hot water injections. Hamamelis, gossypium, digitalis, ergot, iodine, mercury, arsenic in fit cases lend important aid. In some cases we may accomplish the object sought by revulsive bleedings, by setting up a flux from the intestional canal, by purgatives, or from the kidneys by diuretics.

"I have not yet tried it systematically, but from collateral experiences I feel confident that great assistance may be derived from local faradization." J. C. W.

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HEGAR'S SIGN OF EARLY PREGNANCY.

BY J. NICHOLAS MITCHELL, M. D., PHILADELPHIA.

To the obstetrician, and gynæcologist also, it often becomes a matter of the most importance to be able to determine pregnancy in the early weeks. The impossibility of determining this fact at such an early period has been termed the opprobrium of the obstetrician, and most authorities have stated in the past that a positive diagnosis of pregnancy could only be determined by the sounds of the fœtal heart.

To arrive at some certain sign then, has been the constant study of many, but though many signs have been discovered, none of them has been found invariably correct in all cases, unless this new one proposed by Hegar will bear the test of many investigations. Like the symptom of absence of menstruation, others, such as the discoloration around the nipples, the kyesteine in the urine, and the slate or purplish color of the vagina, have been found to be simply presumptive signs, since, unfortunately for the purposes of diagnosis, they are found in other conditions besides that of pregnancy.

Again, other methods that have been proposed are not practicable in general practice, such as the proposal to apply the principles of the telephone, so as to hear the feeble sounds of the fœtal heart earlier than can be done by the ordinary method.

Others have proposed methods which are too dangerous to follow, even if the certainty of the test be allowed, such as Gehrung's proposal to pass the sound into the uterus, to recognize thereby the sensation imparted to the instrument when it touches the fœtus; or Fry's discovery that the temperature of the cervix is one degree, or more, above that of the axilla during pregnancy. If this same variation were found to occur between the vagina and axilla it would be a useful sign, but, unfortunately, such is not the case. There is too much risk in passing anything to the cervix, however, to even put this sign to any great trial. The sign which has been offered by Hegar has, so far as my reading goes, proven of more value than

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any other, since all who have written upon it and have learned to recognize it, are enthusiastic about it.

Dr. Reiul, formerly assistant to Hegar, says, in twenty-two cases it was missed but twice, and discovered as early as the fifth week.

Dr. Compes, assistant to Hegar, has reported six cases.

Dr. E. H. Grandin says: "I am inclined, from a limited experience, to consider it infallible." He reports eighteen cases. Dr. E. S. McKee reports two cases. In one, from the absence of this sign, he made a diagnosis, which time proved to be correct, that the patient was not pregnant, and in another he diagnosed pregnancy by the presence of this sign.

To these, I have to add nine cases where I found this sign present and where I diagnosed pregnancy, and time has proven these diagnoses correct. In two of these, pregnancy was not at all thought of, nor was this sign particularly sought after. This has made it, to me at least, a symptom of greater value, since often when one is looking for a peculiar sign or symptom, and has his suspicions aroused, imagination plays a great part.

Besides these, there were two others of great interest. One of them had gone two weeks over her time, and supposed herself, from that alone, to be pregnant. During my absence from the city she was taken with severe flooding when in the street. Finding me absent from the city, she sent for an allopathic physician, who checked the hæmorrhage, and said that if she had been pregnant before, she certainly was not so after this hæmorrhage. Upon my return home, a week later, she sent for me, and finding this sign of Hegar's present, I diagnosed from that alone that she was pregnant. In a week's time, she had another severe hæmorrhage, which was likewise stopped, and since then there has been no further trouble, and time has proven that she was pregnant.

In another case, a physician brought his wife to me for examination. She had passed her period but a few weeks. He said that he was sure that she could not be pregnant. I ex-

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amined her, but could decide nothing. She had no symptom to go by except the absence of menstruation. I advised him to bring her to me again a few weeks later, which he did, and then informed me that he had passed the sound into the uterus since I had made the first examination, as both he and his wife were sure that she could not be pregnant, that a week had gone by, and that as yet she had no discharge. She had none of the usual signs of pregnancy. Her breast had not changed in color; she had no nausea nor any other symptom. Upon vaginal examination, I found Hegar's sign, and by it alone diagnosed pregnancy. Some weeks afterward she miscarried.

It is not necessary to go into the details of all the cases; it is sufficient to say that the diagnosis of all of them was made between the fifth and eighth week. Since it may have happened that the description of this sign has been overlooked by some, I have thought it well to describe it.

During the first few weeks of pregnancy all the change that occurs in the uterus, occurs in the body. From the hyperæmic condition of the uterine body due to the attachment of the impregnated ovum, it enlarges, and this enlargement is most marked in the antero-posterior diameter; furthermore, the density of the uterus becomes markedly decreased to the touch. As a result of these changes, the uterus loses its usual pear-shape; the outline of the body is no longer that of a gradual curve from the fundus, lessening gradually as it approaches the cervix; on the contrary, as Grandin expresses it, "the body bellies out over the cervix in all the transverse diameters, in particular antero-posteriorly, and the organ, instead of being pear-shaped, resembles very much an old-fashioned, fat-bellied jug."

Of course, to determine these changes in the uterus by the touch, requires more or less familiarity with the feeling, shape and size of the non-pregnant uterus, and also with the uterus when changed by disease.

The finger will generally note it best in the anterior cul de sac of the vagina, the sudden bulging out of the body around the cervix being most readily noticed there, from the normal

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anteversion of the uterus. The other hand being placed upon the abdomen and the uterus felt between the two hands, the softened resilient condition of the uterus will be felt, the slight sign suggestive of fluctuation. Of course, to be perfectly satisfactory, it is best to empty the bladder before attempting the examination.—*From Transactions of Pennsylvania Hom. Med. Society.*

NOTES ON NICOTISM; OR, THE TOBACCO HABIT.

BY JOHN H. CLARKE, M. D., LONDON.

There is much useful information to be gleaned regarding the action of drugs from a careful study of the many instances of chronic poisoning that are constantly occuring under our own eyes and even in our own bodies. For in these days of advanced civilization there are very few persons to be met with who are not to a greater or less degree under the influence of some poisonous drug. There seems to be a deep-rooted instinct in the human constitution impelling us to take poison of some kind or another. I do not attempt to explain the fact. It is one of the misfortunes to which our flesh is heir; and whether we regard it as a manifestation of original sin, or explain it in some other way, it remains one of the problems of deceased humanity with which medical men have to reckon, and with which they have to deal as effectually as may be. Among our popular poisons tobacco holds a conspicuous place; and I have thought it would not be time lost if I put together a few notes on the manifestations and effects of habitual indulgence in the nicotic weed, and on its antidotes and the treatment of its effects.

Nicotism, like morphism, alcoholism, and the arsenic habit, has several stages. There is the initial stage; the stage of toleration, so-called, which is also one of saturation; and there is the stage when the symptoms reappear either from overdosing, from diminished power of resistance, or when the regular dose is decreased or omitted altogether. In saying this I must make the proviso, that, owing to peculiarities of constitution,

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in many cases the different stages cannot be distinguished. There may be no unpleasant symptoms from the outset; and the leaving off of the drug may be attended with no discomfort. Generally, however, there are three well-marked stages.

THE FIRST STAGE.—It is seldom that the early experiences of the nicotist are altogether pleasant. Few boys enjoy their first pipe, and still fewer enjoy their first "chew." The effects on beginners are generally of a kind to make them easily remembered throughout the remainder of their natural life, if, indeed they do not (as in the case of a boy recently reported in the English papers) terminate that life there and then. A deadly and sometimes fatal faintness, with nausea, salivation, and violent vomiting of watery fluid or mucus, are the leading symptoms of the first stage of nicotism. Different effects are sometimes noted; a youth, a patient of mine, lately made three determined efforts to smoke, but on each occasion a severe attack of toothache (to which he was not subject) followed the attempt, and he has not had the courage to try it again.

THE THIRD STAGE.—Passing for the moment over the second stage, I will now describe the third stage for the sake of comparison with the first. The symptoms that follow the leaving off of a drug are very like those experienced when it is first taken.*

The primary and tertiary effect has also been observed in the curative action of drugs: they have acted well when first given, and again, after a time, when their activity has seemed to have been exhausted (the administration being continued), their curative action has showed itself more marked than ever when the administration has been stopped. And here is one difficulty I find in accepting the doctrines of those who would

* In certain cases, as in the familiar instance of giving arsenic to horses, the symptoms of poisoning may only come on when the drug is left off. An unwitting purchaser of a horse that had been dosed with arsenic finds the animal "go all to pieces" on his hands, and has to put his purchase out to grass for some months before he is able to work him. But the horse may not have shown any sign of arsenical poisoning when he first began to be dosed.

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divide all the effects of a drug into a primary and secondary. Perhaps they would say that the symptoms caused by the leaving off of a drug are not secondary, but tertiary, and therefore a "second first." To this I should not object. I have mentioned the case of a youth whose early attempt to smoke was attended by a violent toothache. The same effect followed in another case where a smoker made a great reduction in his daily allowance. The sickness and other phenomena of the acute indigestion observed in the first stage are also paralleled in the third stage. This was seen in the case of an active man of business in the country, who came to consult me at Christmas of last year. He was forty-six yeaes of age, short but stout, and had been exceedingly strong; dark and rather sallow. This patient had commenced to nicotise himself when twelve years old, and had used the drug to excess, both smoking and chewing, until within a year of seeing me. At that time he met with an accident, being thrown from his trap. Since then he failed rapidly; he began to be sick after his breakfast; had tingling in the right thigh; lost flesh; was bilious and greatly depressed. He left off his after-breakfast pipe (smoking only after dinner), and the sickness stopped for a time, but soon came on as badly as before. He consulted several medical men, and received a little help from some of them. In September, a lay friend, who is skilful in the use of homœopathy, happening to be visiting at his house, took him in hand, and gave him *Nux vomica*. At that time smoking was an impossibility; he vomited as soon as he attempted to smoke; his sickness was extreme; he could not walk along the street without vomiting. Under *Nux vomica* he improved in a surprising manner, and soon regained appetite and digestion. In a week he felt so well that he thought he might try a pipe again. Again the sickness came on as violently as before, and this time, though the *Nux* helped him, it did not restore him so completely as at first. Now his sensitiveness to tobacco was so great that he could not bear to be in a room where anyone was smoking.

In this case it can hardly be said that the third stage was brought on by omission of the drug. It was rather due to

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the diminished resisting power produced by the accident. But the symptoms continued in all their force for long after the drug was omitted. Much the same was the case with the patient's grandfather, who was an inveterate nicotist, and who died from the effects, though at an advanced age. Sickness came on suddenly one day after breakfast. He consulted a doctor, who at once discovered the cause, and warned him that if he did not give up his pipe forthwith he would not live three months; the doctor ordered him to take rum. The patient was unable to resist his pipe, and the symptoms increased. At last diarrhœa set in, and now he *could* not smoke, he could not even bear to have anyone smoking in any part of the house. Abstinence came too late, however; he never rallied.

Another symptom of the third stage of nicotism is profound depression of spirits; this ensues on any attempt being made to diminish the usual quantity or to leave it off altogether. This depression is very like the sea-sick wretchedness which usually follows the first pipe.

The symptoms of the third stage may be induced in two ways, as we have seen, either by the leaving off of the drug or by any cause lessening the resisting power of the nicotist.

The accident in the case of my patient may have been the cause of diminished resisting power, and in the case of his grandfather advancing years. This latter has often been noticed. Usually about the time the hair becomes grey, a change of constitution occurs, one manifestation of which is a lessened power of resistance to harmful influences. Another cause of what I may call tertiary symptoms is an increase of the quantity taken over and above the usual amount. The third stage of tobacco poisoning is strictly paralleled by the third stage of other chronic poisonings. When the morphinist discontinues his dose, he is attacked by an intermittent nervous fever. The headache which those unused to coffee sometimes experience when they first drink it, may dissapear if they persist in its use and reappear when it is let off. But in both of these cases, as in the case of tobacco, when the usual dose is much exceeded, the same or similar symptoms are produced as follow the leaving off of the drug.

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THE INTERMEDIATE STAGE.—If the incipient nicotist, undeterred by his first experience, persevers in his attempt to accustom himself to the drug, he usually succeeds in so doing. Gradually the symptoms of sickness and collapse cease to appear, and instead of them a set of effects, which are described as altogether pleasurable, supervene. The confirmed nicotist tells us that under the influence of the drug the world looks brighter to him, he is more at peace with all mankind, himself included—a peace by the way, which the malicious anti-nicotist is wont to term a false peace—and that life generally is much more worth living than it was before he made the acquaintance of the pipe, the "quid," or the snuff-box. But in order to maintain this dilectable state of affairs, the nicotist must be kept constantly under the influence of his favorite poison, or the world will speedily become more gloomy than ever before. Every nicotist has his saturation point, and when by the various processes of elimination the quantity present in the body has fallen below this point, the world begins to go wrong. Restlessness and craving for the drug are the first symptoms. If the abstinence is prolonged, these symptoms increase, and are accompanied by depression, neuralgia, loss of appetite, and other symptoms of digestive and nervous disorder, which constitute what I have already described as the third stage of the poisoning. These symptoms may, however, be modified to an indefinite extent by homœopathic remedies.

The intermediate stage, or stage of enjoyment, is also sometimes called the stage of toleration. I remember when I was a student it was impressed upon our minds that in using certain drugs (for instance, *Antimony*) we were to seek to establish "tolerance," and then give it to any extent. Thanks to Hahnemann, I have since learned better; I now know that there is no need to give the drug in such quantity in order to obtain remedial effects. But it must be allowed that these remedial effects were often to be obtained by the use of massive doses, and that the drug went on doing its curative work without producing any perceptible unpleasant effects. I mention this because it illustrates the statement I am going to

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make respecting this intermediate stage; it is by no means a state of toleration in the true sense of the word. Deep-seated changes are going on, of which we sometimes only obtain hints in a casual way. I have known a severe relapse of secondary symptoms in a syphilitic under treatment traceable to the incautions return to the pipe. In this instance the effect of tobacco was exactly like the well-known effect of alcohol in retarding the cure of this affection. We have another hint of the effect of tobacco during the so-called "toleration" stage in the history of the Greely expedition. The survivors were all non-smokers, with the exception of one man, and he suffered more severely than any of the rest, though he was only a moderate smoker.

Further, it is during this stage that the grave disorders of nutrition and function, manifested chiefly in the eye, the heart, and the nervous system generally, come on in most insidious fashion.

A patient consulted me a few years back, who, when an undergraduate at Cambridge, had smoked almost incessantly. He was then a great cricketer, but after a time surprised himself and his friends by missing balls. He gave up cricketing in disgust, and it was only sometime afterwards that he discovered that it was his eyes which were at fault. When I saw him his sight was very much impaired by atrophy of the retina, and there was no other cause to which the disease could be attributed except his excessive indulgence in tobacco.

Other sufferers come complaining of nervousness, loss of courage, and of palpitation of the heart. Nothing will persuade them that they have not heart disease, and are likely to drop down dead at any moment.

Among the more local effects manifested in the intermediate stage are the sore-throat and cough of singers. These gentlemen usually call their malady "bronchitis;" it is really a laryngo-pharyngeal irritation set up by smoking. There is a diffused redness and frequent hawking and coughing-up of phlegm.

All these and other symptoms will come on during the

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intermediate stage apart from occasional excess, but indulgence over and above the ordinary amount will, as I have pointed out already, occasion acute symptons. These are of the same kind as the primary intoxication, giddiness, nausea, vomiting; or the nervous symptoms may become prominent, intense restlessness and a craving for alcoholic drink.—*From Transactions of International Hom. Convention, at Basle, Switzerland, 1886.*

CLINIQUE.

IGNATIA IN CARDIASTHENIA. Willard M., Howard City, Mich., aet. 17, Oct. 18, 1886. Father and mother have suffered from rheumatism for several years. Otherwise the family history is good.

About one year ago the patient was lifting a heavy weight, when suddenly everything turned black, he became dizzy and staggered, but did not fall. On the following day he attended the village fair, when he had a similar attack on becoming excited over horse races. (The observers state that he turns pale, staggers about, clutches the air with his hands, but does not fall, nor become unconscious.)

Each of the attacks lasts one or two minutes, leaving the patient paler and weaker.

He had no more trouble until Christmas, when he had an attack of sticking, griping pain in the region of the stomach, with occasional shooting pains to the shoulders and neck. This attack lasted 24 hours, and passed away suddenly after the passage of a loose stool. The patient had been indulging in the luxuries of the season.

The stomach feels full and heavy after eating a hearty meal, at which time these attacks seem more liable to appear.

Violent exercise causes palpitation of the heart, which soon subsides on assuming the recumbent position. Lying on the left side brings on palpitation, and also produces a sensation of falling.

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The patient was formerly troubled with headache, but has been free from them during the past year.

At the present time he has a constant pain in the stomach, with a feeling as of a lump rising in the throat when not swallowing.

Appetite impaired. Bowels inclined to be loose. Pulse 75, temperature normal, no heart lesion.

All the symptoms are aggravated by exercise, from the smell or inhalation of tobacco-smoke, and by drinking strong coffee.

Rcp. Ignatia 3x, four times each day. A light diet was ordered.

Oct. 23. The stomach symptoms marked. No change in the heart's action. Cannot keep hands and feet warm.

Ignatia continued.

Oct. 25. Appetite improved. Pain in the stomach has disappeared. Has had very little palpitation during the past two days. Ignatia continued.

Oct. 28. The patient's bowels are irregular; the tongue is slightly furred white. No palpitation since the 23d. Put the patient on Nux vom. 3x, and allowed him to return home.

November 11th. Mr. M. writes that he has been feeling well since returning home. (From Prof. McLachlan's Clinique. Reported by G. G. Caron, M. D.)

PHYTOLACCA IN DIPHTHERITIC SORE THROAT. A. B., a middle-aged, married lady, had a throat presenting the following symptoms: The tonsils, uvula, and surrounding parts were inflamed, dark-red, and greatly swollen; the parts were covered with a whitish membranous deposit; there was no marked fetor from the mouth. The patient complained of violent pain in the head, but even more of pain in the back, between the shoulders. Under the exhibition of remedies commonly prescribed in such a condition she failed to get better, and her condition was becoming serious when I gave her Phytolacca dec. 3x, to be given once an hour, and a gargle prepared by dissolving ten drops of the mother tincture in a glass half full of water, to be used as often. On the next morning I found

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her condition very much changed for the better. The pain in the back and head had gone; the fever was much more moderate than it had been at any previous time, and the throat presented a much better appearance. The remedy was continued, and in a very few days the patient attended to her household duties. (H. C. Jessen, M. D., Chicago, Ills).

PHYTOLACCAIN RHEUMATIC HEADACHE. A middle-aged gentleman was subject to rheumatic headaches, brought on by the prevalence of northern or north-eastern wind. He lived a regular, though somewhat sedentary, life, enjoying good general health. One day in August a severe north-eastern prevailed, and the temperature in the course of an hour had fallen about 20° F., and he was taken with one of his attacks. I found him lying on the couch, in great mental and physical suffering, complaining of severe pain in his forehead, especially marked above the left eye, varying greatly in character, but in the main partaking of a "boring" nature. Rhus tox., Rhododendron, Arsenic, Belladonna, were each tried, but gave no relief. Phytolacca 2x, every half-hour, at once afforded him ease, and further for the six months following seemed to protect him against the recurrence of similar attacks. (*Ibid.*)

PRURITUS ANI FROM THE USE OF COFFEE.—Dr. S. C. Bridgwater, of Dixon Springs, Tenn., reports the following: Mr. J. H. Y., aged 55 years, a rich farmer and stock-raiser, was afflicted with pruritus ani for ten or twelve years, and he had tried almost every nostrum that he could hear of, but without success; had applied to quite a number of physicians, and only a few succeeded in giving some temporary relief. Some time in April or May last he applied to me for treatment, and I advised him to quit the use of coffee. In a few weeks the symptom disappeared, and has not troubled him the least since—no other treatment was necessary. He has now been using coffee again for breakfast for two months. Another gentleman, P. W. H., a druggist, was describing his symptoms to J. H. Y., who told him of his relief by abstaining from coffee. P. W. H., also quit coffee, and was likewise cured, or got well. I read of one similar case, about a year or more ago, in the Medical Record, hence my advice.—*Medical Record.*

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
H. R. ARNDT, M. D., -- GENERAL EDITOR.

VOL. XI. ANN ARBOR, MICH., NOVEMBER, 1886. No. 19--20.

EDITORIAL.

"CONSISTENCY, THOU ART A JEWEL."—To an outsider, gifted with sufficient perseverance to closely follow for any length of time the discussions in medical journals on the merits and demerits of various "pathies," and on the consistency and inconsistency of their various followers, these discussions would be both highly amusing and utterly perplexing. Ten to one, he would soon lose all faith in the soundness of medical doctrines, in the honesty [or common sense] of medical men, in the efficacy of any, or all, therapeutic methods, and would enthusiastically second a motion to "throw physic to the dogs." And, *possibly*, there are some very intelligent persons, including many an honest "doctor," who would gladly see such a motion carried and enforced, not for their own good, but for the good of humanity.

And yet, doctors not only have their uses, even as therapeutists, but they, as a body of men, represent a vast amount of all there is good, noble, forgetful of self in man. Always at work, early and late; in the blistering heat of mid-summer or facing the fury of a December-blizzard; ready at any time to exchange the comforts of home for the discomforts of a ride of many a weary mile, or for the miseries of a sick-chamber which possesses not one bright spot; now in the lying-in room, complimenting the young mother upon the vigor and beauty of her first-born; then in the death-chamber soothing the dying-one and whispering words of comfort to heart-broken

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friends; thus, plodding, toiling, rejoicing with the glad and happy, and mourning with the sorrowful,—he lives and dies, only too often cranky in his manner, rough of speech, poor in purse, yet often, thank God! the "beloved phpsician" whose place is not readily filled by the new-comer. No, upon second thought, the people will not throw physic to the dogs; they cannot afford it!

That these persons, so devoted to their calling and to the interests of those in need of their aid, should fail to deal with each other in a spirit of kindly tolerance, if not of affectionate regard, is a startling commentary upon the oddities and the shortcomings of human nature. Yet, the claims of kinship, of a common fellowship, so faithfully observed by physicians when dealing with the most perfect stranger, and regardless of selfish ends to be served, are very often utterly ignored in his intercourse with those following the same exalted calling. Generous to all, he is narrow and bigoted when meeting his colleague; frank and open-hearted to all, he is distrustful the moment he approaches a fellow practitioner; with words of praise for all, he is guarded lest he speak too highly of a competitor; unwilling to judge hastily and wrongly the meanest of God's creatures, he is ever more than half-inclined to think that the "fellow around the corner" kisses the baby on the street for the most sordid purposes and would be in jail had justice her dues; an examplary christian and gentleman to all, he becomes a worse than heathen when discussing his fellow-practitioner's therapeutic views, and a perfect black leg when able to slander with safety to himself honest opinions held by those who in their work at the bedside are no less conscientious, no less successful than himself.

Strong language, is it? Yes, it is. But the facts in the case warrant it, and we do not know but that physic *had* better be thrown to the dogs!

It would not be deemed creditable to a merchant were he in cold print to charge with dishonesty—as, for instance, the misrepresenting of goods, their value, etc.—a merchant in the same town or, indeed, anywhere withing reach. Such a

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man would be deemed a disgrace to any community, unless his charge could be fully substantiated. *Opinion* and *belief* and *conviction* would weigh little with judge or jury. Yet, it is not thought discreditable in a medical man to charge with intellectual dishonesty any colleague whose belief and practice, the latter the result or embodiment of his belief, happen to be distasteful to the self-appointed censor. This censor happens to see in print the statement that the prognosis of pulmonary cancer is hopeless, and forthwith denounces the advocate of such a doctrine an ignorant fool, considering his own assertion proof positive of the allegation; another would put into the lunatic asylum whoever refuses to believe in the wonderful curative properties of potentized moonshine; a third is equally firm in his dealings with those who use substances which to him appear wholly out of place in a materia medica, such as lac caninum, potato-paring, and the juice of bed-bugs [and in the present case the writer's chief fault with the proposed measure is merely its undue leniency]; some one else with evident sincerity denounces as false teachers all who think it possible that there may have crept a few mistakes into the teaching of a great and good man who lived and taught almost a century ago; and almost every one, in the secret of his own heart, tenderly cherishes the belief that himself is the only consistent one, the only true physician, and, especially, the only true homœopath.

What sublime nonsense! What abomination in the nostrils of all really consistent, candid, honest, manly men! Can truth thrive when her progress is hampered on all sides by those who pretend to prepare the way for her? Can knowledge increase when her pretended votaries dare not for a moment turn from the dim past lest the glory of yesterday may fade before the still brighter light of the morrow, and their idols thus appear human rather than Gods? Can the profession command the respect of the wise and the good, or the confidence of the people, or their own self-respect, while eternally seeking to bring discredit upon the very men who labor hardest in the field, and who, without hope of reward, bear much

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of the brunt of the battle; and all this simply because the manner in which they perform their work does not quite suit our own peculiar notions? Alas! until we learn to sink self in the common good, to the outsider our pretensions of unreserved devotion to our profession and to the truly exalted calling we follow, will seem very much like the "sounding brass or a tinkling cymbal" of which the good book speaks.

And while thus musing on the beauties of "consistency" as exhibited in our own ranks, there comes to our desk that "consistent" exponent of scientific medicine, the *Medical Record*. Its able editor has worked long and without tiring for the varied interests confided to him. The task has often proved difficult, yet he has never shrunk from its performance. He has made many a plea for freedom of opinion and action in matters medical, without even once overlooking an opportunity of flinging dirt at all who differ from his standard of teaching, more especially at the homœopaths. He has fought the old-code men after a masterly fashion, and nobly insisted upon the inborn right of the most loyal member of his school to counsel with homœopaths, tenderly speaking of the duty owed to suffering fellow-man and never once, openly, hinting at the deluded patients to be converted to the orthodox, regular faith or at fees to be diverted into "regular" pockets. All this, and much more, has the editor of the *Medical Record* done, until his name has become great in the nation.

And right here is an illustration of his consistency.

"HOMOEOPATHY AND HYPODERMICS.—The dean of a homœopathic medical college in this city is reported to have bought another hypodermic syringe recently. This is not what Hahnemann taught; it is not homœopathic. [*Medical Record*, February 5th, 1887, page 154.]

"PULSATILLA IN ACUTE ORCHITIS.—Dr. Gerard Smith writes (*British Medical Journal*) in the following enthusiastic strain about pulsatilla: "Having witnessed the striking curative action of pulsatilla in acute orchitis and epididymitis, I should like to persuade others to follow Dr. Brunton's advice and give this drug in inflammatory states of the testicle, epididymis, and spermatic cord. To have it in our power to subdue promptly the intense suffering of such cases is a great blessing; and the relief is so rapid that it is not even necessary to employ morphine to subdue the pain, while the swelling and heat subside more rapidly than under any other drug."—*Medical Record*, February 5th, page 155.]"

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All of which shows the *Record's* consistency in being consistent.

It might safely be claimed that said "dean of a homœopathic college" was no less a homœopath having bought a hypodermic syringe, because as Hahnemann knew nothing of hypodermic medication he can have had no opinion as to its merits; (b) Hahnemann himself stated exceptional cases in which agencies other than "homœopathic" must be used, and the "dean" may have had such a case; (c) the "dean" may feel no more bound to adhere *blindly* to the teaching of Hahnemann in all things than the editor of the *Record* adheres *blindly* in *all* things to the teaching of Hippocrates, Galen, or any other authority; (*d*) it might well be added that our "scientific" editor must be hard pushed for argument to stoop to item number one.

In addition, the very pertinent question may be asked why the old school persevere in borrowing [a more forcible term would be in place] Hahnemann's teaching, and perpetrating a "scientific" fraud by palming it off as the child of their own invention, so long as they try to prove Hahnemann a fool, and his followers frauds? Long before the days of Dr. L. Brunton homœopaths taught the usefulness of Pulsatilla in the treatment of orchitis; and they were ridiculed because they so taught. The strongest argument which to-day can be made to show the soundness of Hahnemann's [or of homœopathic] therapeutics rests upon the fact that nearly all there is practical and reliable in old-school therapeutics is bodily taken from the works of Hahnemann or of other homœopathic authorities. Of the correctness of that assertion the works of Ringer, Phillips, Bartholow, and others, bear ample proof; and a pretty thorough study of Brunton's late work shows that its *practical* features do *not* depend upon conclusions drawn from his pharmacological studies, but are simply the embodiment of homœopathic teaching, and undoubtedly the result of clandestine experience had with it.

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STRAWS.

DELAY IN TYING THE CORD.—Von Engel (*Ctrlbl. F. Gynæcol*, No. 46, 1886) writes in favor of delaying ligation of the umbilical cord, for the following reasons: 1. The placental circulation does not cease for some little time (even as long as a quarter of an hour) after the expulsion of the fœtus; if the cord is tied at once, the child is deprived of an appreciable amount of blood, which is retained within the placenta and cord. This is proved beyond question by weighing the infant before and after the cessation of the placental circulation. The average gain is ten grammes. 2. Contrary to the commonly received theory, the fœtal circulation is not favored by the first respiratory efforts, but is rather retarded. The contraction of the child's heart is the sole propelling force. 3. The arrest of the placental circulation is due to the contraction of the vessels of the cord and placenta, the arteries being the first to contract. 4. These two forces, the cardiac action and the vascular contraction, are directly opposed, the amount of blood supplied to the fœtus being proportioned to the preponderance of one force over the other. 5. Clinically the mortality during the first ten days among the infants whose cords were ligated immediately after delivery was 18 per cent, while after delayed ligation it was only 9:45 per cent.—*Exchange.*

OPERATION FOR THE REMOVAL OF A SCIRRHUS OF THE BREAST FOLLOWED BY DEATH, FROM DIABETES MELLITUS, IN EIGHT DAYS.—Mary F., aet. 50, a native of Germany, a strong, vigorous-looking woman, of rather a sallow complexion, was admitted to the Episcopal hospital, March 5th, 1885, for a tumor of the left breast. The tumor, which was very hard and heavy, occupied the entire mammary gland. The nipple was much retracted. There was no ulceration, nor apparent involvement of outlying lymphatics; none, at least, could be felt through the thick layer of fat.

The urine was carefully examined for albumin, but none

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could be detected. Indeed, the patient appeared in such excellent health that no organic disease was suspected. She evidently possessed, also, a cheerful, contented disposition, and manifested no anxiety at the prospect of undergoing an operation. Five days after her admission, the operation for the removal of the tumor was performed, under ether, with antiseptic precautions. After removing the growth, it was found necessary to thoroughly open up the axilla, in order to reach and free from their attachments numerous hard bodies, varying in size from a pea to a chestnut. This, of course, was tedious, and considerably prolonged the period of etherization. Few vessels required to be ligatured, and the wound, which was circular in form, was approximated horizontally with deep relaxation and superficial interrupted sutures. Drainage tubes were introduced at the two angles of the wound, and a dressing of gauze and iodoform was applied. The patient showed some shock at the completion of the operation, but reacted fairly well by evening.

For two days she did pretty well, though she complained of feeling very weak. On the third day, however, increased prostration and intense thirst suggested to Dr. Bradford, the resident surgeon, the propriety of again examining the urine, which he accordingly did, and found that, though still free from albumin, it contained large quantities of sugar, about twenty grains to the ounce. An effort was then made to estimate the amount of urine passed in twenty-four hours; but this could not be done accurately, as the patient soon began to lose control of her bladder. From this time her condition grew rapidly worse, and on the eighth day she died. The day before her death the wound was fonnd to have almost healed, except at the angles occupied by the drainage tubes.

As it was desirable to avoid opening the abdominal cavity, the right kidney was removed through the vagina. This was readily done by passing the hand and forearm into the latter, through its walls and back to the spine. When the position occupied by the kidney was detected, it was torn from its attachments and withdrawn.

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Examination of its condition showed the capsule adherent, the surface granular and congested, and the relative thickness of the cortex diminished. The microscopical appearance were examined by my colleague, Dr. Simes, who kindly furnished the following note:—The microscopical examination of a section of the kidney shows the pathological changes of interstitial and parenchymatous nephritis. The former, the interstitial, has the appearance of a chronic lesion, while the parenchymatous inflammation is no doubt secondary, and due to the interstitial disease. The histological changes are such as are usually found in these affections, viz.: a great increase of the connective tissue of the organ, seen most around the small arteries and capsules of the Malpighian bodies. The parenchymatous change is evident from the very granular and swollen condition of the cells lining the uriniferous tubules."—*The Polyclinic.*

INDUCTION OF PREMATURE LABOR BY ELECTRICITY.—Dr. J. Syromatitikov, writing in the Vratch, on the induction of premature labor by means of electricity, mentions three methods. The external, when one electrode is placed on the sacral region, and the other over the uterus; the internal, in which both electrodes are introduced per vaginam; and the combined, where both the former methods are made use of. In principle the author prefers the internal method, but in the case which he gives, he made use of both internal and external methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had to be resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded in the thirty-seventh week to bring on labor by the use of a primary coil of an induction apparatus. This produced pains in one hour's time. During the next few days the electricity was employed for ten minutes at a time, twice daily. Within a week the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barness bags. Podalic version was performed and a living child extracted. The patient recovered satisfactorily. The author thinks faradization is seldom

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used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.—*Archives of Gynæcology*, August, 1886.

THE PALLIATIVE TREATMENT OF CASES OF CARICINOMA UTERI UNSUITABLE FOR OPERATION.—Gaches-Sanaute ("nouv. arch. d'obstet. et de gynecol." 1886, No. 3) thus summarizes his experience in the treatment of a series of inoperable cases of epithelioma: The patients were all treated at a dispensary at intervals of two or three days. A thorough antiseptic vaginal injection was first given, then all shreds of necrosed tissue were detached; tampons saturated with a solution of corrosive sublimate or chloral were next applied to the ulcerated surface, and the whole was freely powdered with iodoform. As a result of this simple treatment the affected parts assumed a healthy, granulating appearance, the discharge became odorless, pain and hæmorrhage were greatly diminished, and the general condition of the patients was visibly improved.

THE BACILLAR THEORY OF TUBERCULOSIS.—In certain papers recently read before the medical societies of Cincinnati, which, we understand, are to be published in the "*Cincinnati Lancet* and *Clinic*," Dr. R. B. Davy, of that city, has sought to show that the infection theory of tuberculosis is supported in every respect by the natural history of the disease. He does not lay particular stress on the Bacillus tuberculosis, but speaks of the poison rather as the "tubercular virus." He insists, however, that it is a creature of heat and moisture. From the facts that its appearance and extension are noticed to occur only in the confined spaces, and that its disappearance is most favored in unconfined spaces, he concludes that the danger of infection depends more upon the quantity than the quality of the poison. After freely discussing the natural history and the climatic treatment of the disease, he comes to the following conclusions: 1. Tubercular phthisis occurs most frequently and most fatally in warm and hot regions characterized by a non-porous soil and the ordinary accom-

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paniment of excessive humidity of the atmosphere. 2. It depends upon a specific organism, which can be made to produce the disease by inoculation. 3. The key to the introduction of this organism into the system, and its development there, is ordinarily some form of irritation. 4. The disease is plainly curable in all its forms except the acute, and even this may not always be fatal. 5. To the predisposed it is communicable by infection through the medium of a polluted atmosphere. 6. Infection depends upon the quantity rather than the quality of the virus. 7. On the open sea, where every condition favoring the development of tuberculosis is present, except the presence of tubercular spores, the disease speedily disappears. 8. The nearest approach to perfect immunity from tuberculosis is to be found on high mountains, where, on account of the extreme rarefaction and accompanying dryness of the air, the tubercular organism can not exist. —*New York Medical Journal.*

WOLFF'S METHOD OF TREATING WRITER'S CRAMP.—It may be resumed in two things: gymnastics and massage. (1.) The gymnastics are both active and passive. The patient must, three times a day, perform a series of movements with the upper extremities in all directions in succession. These movements are in general brisk, with the hands first open, then closed. The number of movements of each series, and consequently the length of seances, is progressively increased and varies according to the case. For the patient whom we first observed, the seances were for the first five days of the treatment from thirty to thirty-five minutes, and took place three times each day, besides a fourth one of twenty to twenty-five minutes at which Mr. Wolff presided. For the other patient, the gymnastics were practiced more frequently, since he went through three series of exercises a day, at home, each one lasting an hour to an hour and a half. The passive movements consist of a distension more or less forced—we might almost say an elongation, of the muscles that are specially affected. This is the most delicate part of the operation, as it is danger-

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ous, according to M. Wolff, to go beyond a certain degree. Besides, the patient repeats on himself these movements three or four hundred times a day. Writing exercises commence as soon as the spasmodic state is notably diminished, that is to say, after the first few days. (2.) The massage and the rubbing are also done very carefully by M. Wolff every day. He insists upon what we call percussion of the muscles. The treatment is in no wise painful. There is no danger from the after-effects, according to M. Wolff, judging from his ample experience. He mentions, among others, a case observed by Nussbaum, where the cure was affected two years after treatment. This is easily understood, for the patient continues the treatment himself until he feels entirely well. As to the part of the treatment that takes place under the immediate direction of M. Wolff, it lasts two weeks. A treatment which has produced no improvement after four or five seances must, according to him, be abandoned. In this method the essential thing is no doubt the stretching of the too excitable muscles, but the long seances of gymnastics and the massage by percussion, must also be of same importance.—*The Health Record, from Le Progres Medical.*

LEAVES FROM AN OLD DISPENSATORY.—As matter of curiosity, we here present a few sentences from a work called "*The New London Dispensatory*," published by William Salmon, M, D., in the year 1676. We shall not attempt to follow the style of "ye olden time," but shall quote, using our own type and spelling, and the author's construction.

The question which naturally arises in our minds upon the examination of this wonderful book, is, can it be possible that our remedies of 1887 will prove equally as great a curiosity to to those who shall see them two hundred years hence?

Is it possible that our homœopathic brethren, especially in their provings of lac caninum hydrophobinum, psorinum, sepia, lachesis, tarantulæ and bug-juice, will fall into the same absurdities as did our *regular* brethren then?

The author of the above dispensatory says: "It is not

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our design to introduce new and fantastic methods to the world, and it is far from us to prostitute the Oracles of Apollo or the sacred relics of Æsculapius, for it requires discretion to unravel the very manifest powers and forces of medicaments, and a good proficiency in medical and hermetic knowledge to make a proper deduction, and to draw forth natural consequence from their essential virtues and ultimate effects."

The author goes on to say: "We have delivered the sum and substance of great volumes, and, as in a glass, represented to your view the reduction of Hercules his labors. Here you have the choicest things in the Augustian Dispensatory and the eternally renowned Paracelsua; you have the great and learned Horstius, the faithful Faber, the ingenius Sala, the laborious Quercetan, the profound Hartman, the concise Shroder, the exquisite Mynsicht, and, in a word, the sum of all the most excellent designations invented by the greatest scholars, the profoundest wits, the most learned men, and the most wise, industrious and experienced physicians."

Hence, the learned doctor seems to proceed with some degree of authority from the "great house at Black-Fryars-Stairs, London."

In his *Liber Secundus*, the author considers the medical virtues of the constituent elements of *man*:

First. The parts taken from the living body; and,

Second. The parts taken from the dead body.

Those of the living body he treats as follows:

One. "*Crinus Pilus.—The Hair.*—The powder thereof drank cures the jaundice and suffocation of the womb. The ashes of it mixed with hog's lard, and anointed, helps luxated joints; the simple ashes stops bleeding; an oil distilled from it with honey, anointed on bald places, causes hair to grow. It is distilled either alone, by a retort in sand, and the fœtid oil mixed with *aqua mellis*, or conjunctively; and then you must draw the spirit, as that of honey.

Two. *Ungues.—The nails.*—In powder or infusion they cause vomiting, great sickness at the stomach, and giddiness in the head; the powder laid on the navel in dropsies is

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said to cure them. ℞. Of the powder, drachm j., wine a pint; digest till it turn to slime; filter, and add spirit of wine, ounce ij., of which give from drachm j. to ounce j. to the uses aforesaid. Where note, that some to cure consumption take the hair and nails of the patient, cut them small, and put them in a hole in the root of a cherry tree, and then stop it with clay; others to cure *quartans* and the gout, take the said hair and nails, cut small, and either give them to birds in a roasted egg, or put them into a hole bored into the body of an oak tree or plum tree, stopping up the hole with a peg of the same tree, or else mix them with wax, and stitch it to a live crab, casting it into the river again.

Three. *Saliva, Sputum, Spittle.*—Rubbed on oftentimes cures pimples and breakings out on the skin, making the skin clear, as also the stinging of serpents and biting of mad-dogs.

Four. *Lac.—Milk.* It is emollient, and cools and cures red eyes, simply of itself; but a grain or two of white vitriol being dissolved in it, it is more effectual. Or, thus: ℞. Woman's milk and white vitriol, and draw off only phlegm, for the purpose aforesaid, in a glass still.

Five. *Menstrua Sanquis.—Menstrual Blood.*—Taken from virgins and dried; given inwardly it prevents the falling sickness and stone; a clout dipped in the liquid blood, with vinegar and rose-water, and applied, cures the gout, cleanses the skin from deformities, is good against carbuncles, and worn as an amulet is good against the plague.

Six. *Secundina.—Secundines and Navel String.*—A drop or two of the blood of the navel string being first given to a new born babe in a little breast milk, prevents the falling sickness, convulsions and all other fits, and very wonderfully revives it if almost dead. Hartman says it is very strong against the colic. The secundines calcined, and given in southern-wood-water, every day half an ounce, while the moon decreases in light, wonderfully cures struma, or the king's evil, and the falling sickness; it causes also the dead child to come away, as also moles of false conception.

Seven. *Calculus.—Stone taken from the Kidneys or Blad-*

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der. It dissolves and expels the stone and gravel from all parts and opens obstructions.

Eight. *Stercus.—Faeces.*—It is emollient, anodyne and maturative: it ripens plague sores, being applied; and dried, powdered and mixed with honey, it cures inflamed wounds and the quinsy. The ashes given drachm ij., at a time in agues cures them. Paracelsus calls it *carbon humanum*; and it is reported that it takes pains away caused by witch-craft.

Nine. *Aqua et oleum sterci humani.*—Take man's fæces; let it putrefy till it be full of small animals, and be almost dry; distil it in a retort with a gentle fire, so have you both water and oil. The water dropped into sore eyes cures them, cures baldness, corroding ulcers and fistula. Inwardly given, it is found very profitable against the stone and gravel, and bitings of mad dogs. The oil outwardly cures scald-heads, gouts, cancers, mortification and erysipelas. Inwardly it cures the jaundice, etc." * * * * * * *

Thus Salmon treats also of the urine, blood and other elements of the human body, and then takes up the *dead body.* The mummies he divides into the Arabian, Cyrene, Egyptian, Alexandrian and modern, and shows the modes of preparing the different kinds, and their uses. He treats of the bones, entrails, bile, heart and brains, and thinks they possess some kind of magnetic power, which, if given to the sick, causes them to recover, the details of which are too horrible for us, of this age, to contemplate. We are sometimes led to reflect upon the superstitions and credulities of the people; but might not those who make a pretence to science, in their provings of the effects of remedies, get as far away from the facts as did Dr. Salmon, of the "New London Dispensatory?" If such were the scientific cures of jaundice, dropsy, consumption, scrofula, hydrophobia, etc., of the seventeenth century, what will those of the nineteenth century be?

Dr. Salmon treats his enemies with great severity. He says that "there are some half-witted animals, who, envying our reputation, would persuade the world that all our works are only collections from others, and that we have done noth-

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ing but what was done before." He says, "that no man can be an able physician but he that has read well, that has turned over the leaves of antiquity, and with great diligence has scrutinized the opinions of both ancient and modern professors;" and in relation to his work he says: "It is the great and eternal names of its several authors which gives it being and life now, and will make it live hereafter as a great exemplar and inexhaustible treasury of medical store." * * * "Let, therefore, those dull souls, who envy the rays of light which spring from others, and, with all, to be in darkness with themselves; whose skulls are filled with ignorance, their hearts with malice and their mouths with clamor, undo what we have done, or forever hereafter hold their babbling and malicious tongues."—E. Younkin, M. D., in *American Medical Journal.*

CHAT ABOUT BOOKS.

A HANDBOOK OF PRACTICAL MEDICINE, BY DR. HERMANN EICHHORST, PROFESSOR OF SPECIAL PATHOLOGY AND THERAPEUTICS, AND DIRECTOR OF THE UNIVERSITY CLINIC IN ZURICH. WM. WOOD & CO., NEW YORK. 1886.

Vol. I, comprising diseases of the circulatory and respiratory organs, has already been noticed in the August 1st number of THE COUNSELOR, and from an examination of the next two volumes, which are now before us, we see no reason to change the views then expressed, concerning the excellent manner in which the pathology and symptomatology are here treated. Diseases of the digestive, urinary and sexual apparatus are very fully discussed in the second volume, and in volume III we find a very admirable exposition of disorders of the nerves, muscles and skin. Still, throughout the whole stands out prominently the utter lack of what to a disciple of Hahnemann would appear to be the most important part of a work on practice, i. e. intelligent therapeutics. We find entirely wanting even those features which tend somewhat to reconcile us to some of the recent allopathic works on practice and on therapeutics, such as Bartholow, Ringer, Wood, Phillips

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and Brunton, viz.; the approximation to, or adoption of, our methods of treatment, as far as those authors dare go at one step, we find entirely wanting. Leeches, calomel, purging etc., etc., which enter largely into the treatment advised here, may commend themselves to some of the more antiquated minds of the old school. The very fact however, that the above mentioned works have passed through so many editions already, shows that among our brethren of the old school exists an intense hungering and thirsting for something more clearly defined in its indications, more prompt and certain it its action, and more benign in its effects than the old-time resorts and expedients.

The work is profusely illustrated, and this will render it very useful as a reference book in pathology.

The portion devoted to diseases of the nervous system, in Vol. III, deserves especial mention, and is alone worth the price of the work. The illustrations of appearance, position, etc., in the various and numberless conditions induced by lesions of the cerebral and spinal system are so vivid that they cannot fail to leave an ineffaceable impression upon the reader's mind.

D. A. MCLACHLAN.

TREATMENT OF PTOSIS.—M. Dianoux suggests a method of treatment for this affection which is essentially similar to that of Drausart, and consists in uniting the frontal portion of the occipitofrontalis muscle to the tarsus by means of a cicatricial cord or band, so that the muscle exerts a direct action on the eyelid. The proceedings he recommends are as follows: Two loops of very strong silk are to be introduced at the edge of the longitudinal fold of the eyelid above the root of the cilia; one of them is to be carried beneath the skin, the other deeply, without however implicating the conjunctival *cul de sac*, to a point above the eyebrow, and attached to a piece of whalebone. Every morning the loops are pulled to and fro with a sawing motion, till all the tissues are cut through, except the skin of the eyebrow, with the object of inducing a little suppuration along the course of the thread. The pain is moderate, and the reaction is light. The good effects are felt some weeks after the threads have been withdrawn. The only trouble that the author has noticed in the cases that came under his care was that in one instance a small abscess formed consecutive to a thrombus.—*Recueil d' Ophthalmologie—Practitioner.*

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."

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ORIGINAL ARTICLES.

WATER–FILTRATION.

BY PROF. E. U. JONES, M. D., TAUNTON, MASS.

Water is as varied as the sources from which it may spring, though, considered as a chemical product, it may show comparatively little variation the world over. Within certain limits it may be classed as a nutrient, for it is a well known fact that life can be maintained longer with water alone than with food alone, water being withheld. It conveys to the body certain necessary salts, assisting nutrition; it dissolves within the body certain other matters, greatly aiding excretion. By the aid of these normal constituents, oftentimes varying greatly as to their relative quantity, it is able to take to itself other matters, making the assimilation of food more natural and effective. It has been too much considered, in the light of the most conspicuous of its great offices, merely as a diluent, and the endeavor of its filtration has been to rid it of any other possible quality. To so great an extent has this matter been carried, that water has become to be almost considered as an actual enemy of mankind rather than the most powerful and necessary friend, as the probable bearer of premature death rather than the sustainer and lengthener of life. Five-sev-

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enths of the human body is water, and in summing the totals of health-producers and life-sustainers, water holds the same proportionate rank as in the body.

For this reason, water, treated chemically, and reduced to the rank of a simple diluent, cannot act its proper part as protector of the body against disease and as a supplier of elements excreted in waste products. Distilled water by no means satisfies the demand of the system expressed by thirst; rain-water must be taken in large quantities to meet this same demand; but water which has been in contact with the earth, especially by percolation, is grateful, and in far less quantity relieves this recognized necessity. This experiment having been tried, it will at once be allowed that the matters ordinarily taken from soil and held in solution are those which constitute normal water, and which render it fit for the relief and recuperation of the body. Pure spring waters are not an exception to this rule, for they contain more or less of the salts existing in ordinary water, and the advice of those who possess these springs is that one drink very largely of them. This large drinking is needed, not merely that the water may act as a diluent, and as a solvent and carrier of waste from the system, but quite as much that the system may be supplied with those salts and that nourishment which it normally demands from water. The best making of the ordinary domestic drinks recognizes this fact, and the system is best satisfied, as assuagers of thirst, with the coffee, tea or chocolate which has first been percolated with cold water, or at least with water from which the air and salts have not been completely driven by previous boiling.

But, nevertheless, omitting the consideration of those special spring waters, in which certain mineral salts exist in excess, there are in water, which lies exposed to influences foreign to itself matters which may be injurious to the system and causes of disease. These are abnormal contaminations, usually held in suspension, and capable of quick and easy removal, or microscopic matters not easily recognized by the ordinary examiner, and probably incapable of complete removal, or of

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certain products of decomposition, recognizable by chemical tests, and neutralizable as to their harmfulness by chemical means.

So far as we now know, filtration has only to do with those particles held in suspension and recognizable by the naked eye, or by lenses of low powers, though there is no question but that some chemical action may be exerted, especially that action which takes place from the presence of oxygen. Indeed, the only chemical action for the purification of water, aside from the mechanical action of straining, is, probably, the destruction of organic products, both animal and vegetable, by oxidation. Every available space in a filter must necessarily be filled with air, and, within certain limits, the more porous a filter is, the better it will thus oxidize organic matter.

But the first object of filtration is a mechanical one, the separation from the water of those particles which are visible to the eye, and which often affect the taste of the water. These may consist of vegetable organic matter, derived from vegetable matter existing in the sources of the supply, and usually giving the water a color; of earths held in suspension; finely divided mineral matters; extraneous matters accidentally introduced, animalculae; etc. The perfectness of this work depends only on the perfection of the mechanical means employed, the fineness of the filtering medium, the looseness of the impaction, and the consequent slowness of the percolation of the water. Mere mechanical means will remove from water many of those impurities which give color and even taste, and the filtered residuum will have all the appearance of a perfectly pure water. The same end may be attained by clarification, and, to a certain degree, even by slow subsidence. Water which is heavily laden with earths and mineral matters will deposit those matters, if allowed to stand undisturbed for a time, and such water, which at first appeared filthy and undrinkable, will become quite clear and potable. One of the best of these clarifiers is alum, one grain of which will usually clarify a gallon of earth-contaminated water, and that without detriment

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to the health. The organic matter, especially that vegetable matter which is yielded by water that has lain in or flowed from swamps and lowlands, may be oxidized and entirely destroyed by a little permanganate of potassa. The use of this salt, however, is best when small quantities are added at a time, and time allowed for the perfect discharge of all the acquired color, that is, until perfect oxidation has taken place without an excess of the salt. The proportion of organic matter can then best be ascertained.

Subsidence alone is the poorest thing to be relied upon, for though the heavier particles will ordinarily sink, yet the lighter portions do not necessarily deposit themselves, and moreover, are likely to entangle with them some of those heavier portions which would naturally sink, and sustain them, to be taken into the system.

The primary and mechanical action of a filter being that of a strainer, it becomes of the first importance that a portion of the material of it should be in a finely divided state, in order to entangle, as perfectly as possible, the matters for removal as soon as they are presented to them. This, if it be the portion of a compound filter can then be removed, and with it all the pollution. If the lower portion of such a filter be of a coarser material (sand, gravel, etc.), aeration of the water will take place, and the organic matter will be in a finer condition, and can be acted upon more promptly by the oxygen of the contained air. These two points are, wittingly or unwittingly, those which are desired and aimed for in the construction of all filters, and these two points gained, in the best possible manner, form the sum of all that the house-use can require.

To attain these ends the devices are numerous, both as to the filtering medium and the modes of employing them. Sand, gravel, earthen ware, stone, powdered glass, wool, felt, charcoal, and preparations of iron are among the most common, each having its especial claim, and used separately or in various combinations. Two cautions may here be given. Avoid all filters, for lengthened use, which are formed, whole or in

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part, of animal products. Avoid all filters which claim to be self-cleansing, and not to require inspection. All animal products are liable, sooner or later, to decomposition, and the deposits of impure water upon them greatly tend to hasten this end. Such filters will deliver the water at first in a seeming state of great purity, but before long a filthy deposit will have formed upon their surface which rapidly decomposes them, and renders the water unpleasant, and extremely unhealthy, both to taste and smell. And impure water is the very thing against which the filter is supposed to guard. The cleansing power of water may be said to be in proportion to its freedom from contaminations, and especially to its freedom from an excess of mineral salts. But also, in proportion as these impurities are left upon the filter, in just that proportion is water from the same source unable to take them up and leave the filtering surface clear for renewed use. Yet it is this same water which is supposed to clean the filters in those which are said to be self-cleansing. In every form of filter intelligent oversight is absolutely necessary. Even with reversible filters, the daily reversal does not prevent the clogging of the filter, and as often as every six months, at least, the medium will require renewing.

Of course, the Germ Theory must produce its filter craze, especially as water has been accused of being the most fateful carrier of the producing, as well as the developing, causes of particular diseases. Perhaps the matter has not been sufficiently tried to furnish conclusive argument against the possibility of removing the microbes from water by this process, but the whole argument of analogy, that of the bounds of human possibility, that of the infinite productive power of nature, that of the unintelligent carelessness of the average man, certainly give us the assumed impossibility of the attainment of any such result. And, could such result be gained, would it be advisable? Even with perfect aeration of such water, after it has passed the filter, would it fulfil the demands of the system for nourishment, as the natural water would do? So persistently has the deadly germ been pursued, so hungrily

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has it been hunted, that the vigorous health of the community is in danger of being sacrificed in the blind rush for the possible injurious organism. There is no doubt of the existence of these organisms in water, but there is a health side, as well as a disease side, to the question. Their existence in normal water is of itself a proof of beneficent intention, their growth and continuance and persistent vitality a verdict in their favor, and the absolute demand of every body for the elements contained, an unanswerable reason why the attempt to remove them must come to naught. Water, deprived of them, is dead, capable, *perhaps*, of doing its part in the human economy as a scavenger, (but perhaps, the perhaps here is worthy of a great deal of thought), taking up and excreting the waste products, which, if retained, would cause disease. But it certainly is not capable of adding its full and proper share to the process and power of living. Life is that mysterious thing of which we absolutely know nothing, its transmissibility is a problem which we have not yet, and probably never can, solve. How these living organisms can transmit their life to the human organism we cannot tell, but it is most certain that they so do. And in the attempt of depriving water of their presence we are committing but slow suicide, and ultimately producing a dyscrasia, if not positive and active disease, which will kill more than the contagious microbes can possibly do. The power which a diseased microbe possesses is likewise possessed by a healthy one, the one for life, the other for death.

The summing of the matter may be stated thus: The filtration of water is for the purpose of removing matters, not necessarily deleteria, naturally foreign to it, and, by fine subdivision to present every atom to the action of oxygen.

A CASE OF CHLOROFORM POISONING—RECOVERY.

BY PROF. HERBERT C. CLAPP, A. M., M. D., BOSTON, MASS.

Accidental deaths from the *inhalation* of chloroform have been so numerous—Prof. H. C. Wood says 1 in 3,000, and some authorities say more—that many physicians in different

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parts of the world are no longer willing to use it as an anæsthetic. Such cases have often been reported. Cases of poisoning by *swallowing* chloroform, however, are more rare, and I can find only comparatively few such in print.

On Friday, Sept. 3, 1886, Mr. T., a prominent business man, 76 years old, who had previously been troubled somewhat with dyspepsia, was seized with pain in the stomach and dizziness to such an extent that he felt obliged to go home. When he left the horse car, his "blind staggers," as he called them, rendered the assistance of a fellow passenger necessary. On entering the house, he found no one—not even a domestic—at home, something which, he says, rarely happens. On previous occasions, when affected with these symptoms, he has sought relief in the tincture of Turkey rhubarb, which, to save the trouble of accurately measuring, he usually drank from the bottle. Knowing full well the customary place of repose of his old oriental friend, and guided this time by his sense of touch rather than that of sight, on account of his dizziness, he stretched forth his hand to the closet shelf, grasped the bottle, and drank. It is needless to remark that the bottle actually grasped contained chloroform, of which he swallowed, as nearly as could be estimated, an ounce, or more.

Here the old gentleman's story (which, of course, was not obtained until some time afterward) ends. His grandson, a bright boy of 17 years, luckily happened to come home before very long, and, finding his grandfather unconscious, in great alarm rushed out for medical assistance.

The writer, on entering the room, detected the odor of chloroform, which in the breath of the patient especially was unmistakable. It was soon concluded that it must have been swallowed, because no inhalation napkin or towel could be found, and a search in the closet soon revealed the almost empty bottle.

When first seen, the patient was lying on his left side on the sofa. His face was pale, his breathing was stertorous, his pupils greatly contracted, and his pulse rapid and very feeble.

Shortly the respirations became irregular, shallow, and so

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far apart that it seemed as if they must soon cease, and the pulse was almost inperceptible.

The lower end of the sofa on which he lay was raised up on hassocks, so that his body should be at an angle of about 40 degrees, and his brain receive more blood, and the boy was immediately dispatched for my Gaiffes' battery. Meantime ammonia and the nitrite of amyl were "held to his nose," but did not seem to produce much effect. Soon the battery was in use. When dissolution seemed close at hand, great was my joy at the effect of the electric current. Faradization of the respiratory muscles, of the diaphragm and of the heart, after many anxious moments was followed by a very decided improvement in the heart's action and in the respiration. Not daring to continue this current too long at one time, however, for fear of exhausting the excitability, it was alternated with artificial respiration and with slapping the chest with towels wet in hot and cold water. Time after time the symptoms improved, only to be followed by a relapse. The boy was sent to the kitchen to make some strong coffee, which was injected into the rectum. Subsequently pieces of ice were introduced into the same place. Now and then brisk flagellation was employed. In short, everything was done that could be thought of which promised to be of benefit. If anybody else had been in the house, I should have sent for another physician to assist, but the boy was needed every instant, and I did not dare to let him go. Fortunately, he kept a cool head and worked splendidly, carrying out every direction to the letter. At last, after three hours' hard and anxious work, we had the satisfaction of seeing the respiration become easy, regular, and otherwise natural, and of finding a good, strong, regular pulse at the wrist. Then the issue ceased to be doubtful, although the patient continued to sleep until 9 o'clock, which was eight hours after taking the poison. During this time he vomited two or three times, and for several days afterwards he complained of severe burnings in his stomach and of other symptoms of irritation from the local action of the drug. No vomiting, however, took place after he swallowed the chloro-

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form until sufficient time had elapsed to make sure that all was absorbed. A stomach-pump was not used, because, when the patient was first seen, the symptoms were so severe as to indicate that the greater part, if not all, of the chloroform had been already absorbed, and it seemed necessary to direct all efforts especially to the resuscitation of the patient. It was supposed that the natural warmth of the body had vaporized the liquid, and that the vapor to a considerable extent had left the stomach for the intestines, as is the case probably when administered intentionally for the relief of colic. Another reason, which perhaps ought to have been mentioned first, was that my stomach pump (besides which I know of only one other in Boston), was too old for active service, being an heirloom handed down from a preceding generation and kept only for a curiosity. Theoretically, every physician is popularly supposed to have a stomach pump in his office, if not in his buggy, for use in just such emergencies, but upon enquiry I am led to doubt if one in five hundred physicians throughout the country possesses one.*

Alcohol was not used subuetaneously, as advised by some, because I believed that it would only make a bad matter worse. Brandy or whisky or opium, is given by the mouth by some operators before the inhalation of chloroform, to increase its action and to diminish the amount necessary to inhale.

CASES FROM PRACTICE.

BY J. F. BROWN, M. D., O. ET. A. CHIR, JACKSON, MICH.

CASE 1: I was called, March 8th, '86, to see E. E., a man aged about 47 years, who had been sick for about six weeks. In the first place I will state that he had atrophy of the

*An effective "stomach-pump" may be improvised by introducing into the stomach a long elastic (rubber) tube of proper size. As soon as introduced, pour into the free end, with the aid of a funnel, water in sufficient amount to comfortably fill the stomach; then lower the free end of the tube below the level of the stomach, and the siphon thus formed will fill all the indications of a stomach-pump. (EDITOR.)

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left testicle, the result of disease had some years ago; but at the present this testicle was not irritable!

At my first call, the following history was developed. Being a carpenter by trade, he was doing some heavy lifting, which left him with some pain, soreness and lameness in the right side, extending down to the right testicle through the groin. He worked for some time after this state of things had begun, but suffered from constantly increasing pain.

I found the testicle enlarged, nodular and tender. My first impression was that I had a suppurating gland to deal with, and any treatment naturally was expectant, in order to observe the progress of the case. I continued this course until April 22nd. There was a progressive enlargement, which at times was painful; there were no constitutional symptoms of formation of pus.

The longer I watched the case, the more I became convinced that the disease was malignant in character. I had several other physicians see him, and they shared my opinion. On account of the atrophied condition of the other testicle, I was particularly careful not to make a mistake, and by an operation to deprive him of the other gland.

The largest nodule on the testicle was on its under and posterior aspect, but it did not fluctuate, nor give the feel of a cavity filled with pus.

A positive diagnosis of malignant, or semi-malignant, disease was finally made, and I decided to operate. On April 22nd, with the concurrence and assistance of Drs. Markham, Slenon and Lathrop, I proceeded to remove the gland.

The incision was made from near the external ring to the very bottom of the scrotum. The testicle was dissected out, the cord ligated as a whole, with a heavy, long silk ligature to control it, and cut. Two large arteries accompanying the vas deferens were picked out and ligated separately. Five or six were also picked up from the cavity of the scrotum, and ligated. All the ligatures were left long and hanging from the wound, to be pulled away in due time. The ligatures on the smaller vessels were removed in about a week; those on the

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vessels of the cord, one or two at least, did not loosen up for about three weeks.

The wound in the scrotum was closed four or five hours after the operation by four wire sutures and several silk sutures. Pounded ice in a rubber bag was kept constantly applied to the wound for ten days, when we gradually dropped off to cold water, and so on to antiseptic washings. The wound healed kindly and slowly, as wounds usually do in such loose tissue. There were a few projecting dartoid masses which required stimulating before they would cover with skin.

I should have stated that the groin was free from enlarged glands until a few days before the operation was undertaken, when they began to enlarge somewhat.

The man went to work at his trade in about two months, and continued to work until about three week ago, when he laid off on account of pain in the remaining atrophied testicle and cord.

Two weeks ago I was called to see him, and found the left testicle swelled and tender. The swelling seemed to be smooth and regular. The operated side was in good condition. I have not seen or heard from him since then.

When the right testis was removed, in fact while enucleating it, it was cut into. The contents were "brainy," or if pus, the liquor puris had been absorbed.

When called to see him two weeks ago, I found that he had become very fleshy; fleshier, he said, than ever before. I asked him if he had the usual sexual power, and he answered negatively.

I am aware that the report of this case would be much more satisfactory if I could state minutely his condition at the present time, especially so on account of the trouble on the other side; but I am unable to obtain further data, hence leave the report as it stands.

CASE 2: Mrs. B., aet 51 years. I was called to see this lady on the evening of October 19th, 1886. Obtained this history: About eighteen years ago she suffered an umbilical hernia. This hernia continued to give her more or less trouble

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up to about five or six years ago, since which time it had caused no particular inconvenience. During the years when it troubled her, a reduction of the protruding mass was often accompanied with much difficulty; elevation of the hips quite often aided materially, and she generally succeeded without the aid of a physician. My first call to attend upon her for this hernia was on Tuesday evening. She had attended church twice on the Sunday preceding, both times walking there and back, a distance of about half a mile. On Monday she called on some near neighbors, and felt not usually well. On Tuesday morning she was taken with severe pain in the umbilical region, which continued excrutiatingly throughout the day, in spite of the continuous use of hot applications. In the evening, I found her still suffering severe pain. Upon examination of the umbilical region, I discovered a very hard and prominent tumor about as large as an average fist. The tumor was so hard that upon first putting my haud upon it, it felt through the nightdress like an instrument, which I indeed first supposed it to be.

All efforts at reduction were futile. The patient was vomiting occasionally, a dark substance, not, however, in odor or appearance resembling fæcal matter.

I remained with the patient until midnight, when she became more quiet, and had less pain, having received no anodyne, but the bowels had been freely moved by means of an enema. Calling early next morning, I found that she had slept some, and had less pain; she still vomited occasionally, and there was no elevation of temperature. I did not feel satisfied with the condition of things, and proposed counsel. Dr. Lewis, of this city, was called to see the case with me.

We again tried to reduce the tumor, but utterly failed. Dr. Lewis then proposed a trial under anæsthesia, to which the patient objected, having been told by a physician that it would not do for her to take an anæsthetic under any circumstances. So far as I was concerned, I did not feel much like urging the matter, as I had a strong presentiment that we never could reduce the tumor from its feel and appearance in every way.

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We had supposed from the first that the greatest part of the tumor was omental, perhaps complicated with a loop of intestine. While we were talking with her, I learned for the first time that for a number of years she had had a tumor as large, if not quite as large, as the one we were trying to reduce. This put the entire matter in a new light.

The patient declared that she was feeling much easier, so the matter was permitted to rest for the time being, and I went on giving my remedies, Nux vom., Lyco-podium, etc.

The woman's husband, a traveling man, was away from home, and it was difficult to reach him by telegraph; this, in the absence of adult children, was another reason why we did not strenuously urge operative measures.

The case continued without any material change, except that the patient did not vomit so much, neither did she suffer much pain, till Thursday evening. By this time she began to vomit oftener, and to throw up fæcal matter.

Dr. Lewis was again called, and under chloroform we tried to reduce the strangulated part, until we were satisfied that it could not be done.

We now decided that the only chance to save her life was by an operation, and urged it upon the friends; and permission was finally given on Friday forenoon.

We were ready to operate by 12:30 P. M. I was assisted in the operation by Drs. Lewis and Slenon, two of the leading old-school practitioners of Jackson.

Less than two ounces of chloroform was used during the four hours she was on the operating table. I made the cut through the skin, so it extended from the upper border of the tumor down over its lower border to the abdominal covering. Dissection was carefully made through the skin and intervening parts down to the peritoneal wall of the sac; through this the black gangrenous tissue beneath could plainly be seen. A loop of intestine about six inches long was found crowded through the ring, on the under surface of the omental tumor; this was black and gangrenous. The surface of the tumor was

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also black, a condition probably due in part to the manipulation.

The ring in the abdominal wall was about an inch below the navel, and probably less than an inch in diameter.

The omental tumor seemed to have been caused by a hypertrophy of the omentum which had been crowded through this ring for years. This omental tumor was drawn up well from the ring, its pedicle ligated, and cut. The tumor dropped into the abdominal cavity.

It remained quite a query with us what to do with the mortified intestine. We felt that we had about two alternatives: either to resect the intestine and form an artificial anus, or to resect, reunite, and return it into the abdominal cavity. We decided to adopt the latter method.

First, the omentum connected with the mortified section of intestine, was thoroughly ligated. This was accomplished by two needles, passing them twice back and forth through one hole, in such a way that all the tissue was included throughout the piece ligatured.

This part of the work being done, the dead piece of gut was cut away.

Two needles threaded with carbolized catgut were passed through one cut end of the gut, which was the colon, and with these the end was drawn into the other. The two were stitched thoroughly together, in this invaginated condition, with fine carbolized catgut. The raw surface of the omentum was touched with Mausel's solution, all blood cleaned away with hot carbolized sponge, and the intestine and stump returned to the abdominal cavity.

The wound in the abdominal wall was closed with wire and silk sutures. Antiseptic gauze, absorbant cotton and a roller were applied.

The operation was performed under the carbolic spray. The patient bore the operation without any alarming symptoms, and rallied so that she greeted her husband, who arrived just at the completion of the operation.

She was put from the operating chair into the bed about

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After this, for two or three hours, she took drink when offered, and answered question when asked her, but did not speak save in answer to questions.

Death took place at 10:45 P. M., quite evidently from the effect of the shock.

There is another bit of history concerning this patient which I desire to give in brief. One year ago last March she was moved here from Big Rapids, and I was called to see her.

She had a tumor which occluded the right nostril and projected into the right orbit, crowding the right eyeball to the right and downward, and somewhat forward—(exophthalmos).

The right eye was blind, and the left nearly so.

After due deliberation, I diagnosticated a tumor whose origin must be the meninges on the under surface of the cerebrum. This tumor had made its way down into the nose and orbit through the region of the frontal sinus and ethmoid cells. I called it either a sorcoma or fibroma. This tumor evidently had been growing for eight or ten months. For the two or three months previous to my seeing it, it had bled profusely, at various times.

Soon after I began to treat her, she had a very bad hæmorrhage from that nostril, and these hæmorrhages were repeated two or three times over, till I thought the last one would surely be fatal.

After the last hæmorrhage, which was in the latter part of March, she rallied, and improved in general health, until there seemed no further damage from loss of blood.

At the time of the last bleeding spell, the tumor came very near the anterior nasal orifice. But after this it began to slowly recede and shrink, until she could once more breathe freely through the nostril. The growth did not seem to shrink much from the orbit, as the right eye remained about as much protruded as when I first saw her.

She became totally blind in both eyes, and remained so: both optic discs were white (atrophy).

Belladonna at once stopped all pain in the forehead. Before its use she had great pain much of the time. China and

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Phytolacca seemed to be the most efficient remedies after the hæmorrhages, and I continued the use of the phytolacca 2x for two or three months after she began to get better. To this remedy and to the effects of the "mind-cure," administered by a lady, must be given the credit for what success was had in the reduction of the tumor, after the hæmorrhages.

Considering the course the disease finally took, I came to the conclusion that the growth was probably fibrous. This part of her history will now call to mind the omental tumor. This may have been of the nature of the tumor in the nose. I should certainly have thought it was, if it had been developed since the one in the nose had shown itself.

It might have been simply hypertrophy of omentum in the beginning, and then changed its character afterward, and developed as such a new growth.

This latter question might have been settled by microscopical examinations, but they were not made.

I have lately tried a new method of dressing the eyes after cataract-operation. It is described in the American Journal of Ophthalmology by Dr. Chisolm, of Baltimore, and consists in sticking down the lids with a thin plaster like gold-beaters' skin or skin-plaster; after the removal of the cataract, a piece of the plaster long enough to reach from the brow to the malar bone, and of sufficient width to cover the whole fissure between the lids, is used.

I have used this method in two cases. In the first case I left the plaster on five days without removal, raising up the edge near the inner canthus two or three times to drop in some atropine. I then removed and renewed the plaster for a few days.

In this case I had traumatic iritis, which I think I might have had with any dressing, as the person, an old lady, was subject to neuralgias about the head and eyes.

The case finally has terminated with a good eye, excepting a thickened capsule, through which a pupil can be made, and undoubtedly will give her good vision.

The other case I dressed with the plaster in the same way,

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but the patient was troubled some with blenorrhœa of the lachrymal apparatus, which gave considerable trouble. I therefor in two days removed the plaster from the operated eye, and dressed it with a bandage, thus allowing it to be washed out and looked after twice a day. I felt the well eye under the plaster five days. This case did moderately well.

In either case was the patient put into a darkened room. The light was let into the room somewhat modified, the direct sunlight being excluded.

NOTES OF SEASIDE SUMMER PRACTICE.

BY JOHN C. MORGAN, M. D., PHILADELPHIA.

DIARRHŒA.—Many persons who in the long run are benefitted by a sojourn near the sea, are obliged first to pass through a sort of acclimation. The general introduction of Artesian wells has improved the quality of the water, whilst scientific drainage has done its part for health interests; yet, the above remains a fact.

Diarrhœa is a common phase of this disturbance. Hot weather, moisture, heavy feeding, cold nights, and the cathartic quality of the salt water, all, no doubt, contribute to produce it.

The symptoms are very often these: painfulness of the bowels before stool; frequent loose, yellow evacuations, sometimes at 2 a. m., but particularly during the daytime; worse from motion and after eating; relieved by perfect rest and by lying upon the belly. The first morning stool commonly occurs immediately after moving in bed, or after dressing. The lips and mouth feel dry, and there is a good deal of thirst; often, a sour or bitter taste; sometimes, symptoms of a general cold—pains worse by motion.

In other cases, the Bryonia is useless — particularly when the patient, probably a vigorous man, is aroused at 2 or 3 a. m., and rushes to the closet, with precipitation, and ejects, after crampy and rumbling colic, a blast of wind, immediately

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followed by a copious, thin stool; then, he gets weak; the pain is repeated at intervals, and the stool also, on a smaller scale; his face, and indeed his whole surface, breaks out in sweat, which seems to him cold. During the morning and forenoon other movements occur similarly — with amelioration later in the day. Sometimes, undigested matters in the stools. China is here the specific, as I have proved in my own personal experience.

COLIC. — The very commonplace remedy which I always and everywhere first think of in colic, and which has almost entirely left Colocynth out of the question with me, illustrated its power and its characteristic symptoms beautifully last month in the following case:

A man of forty years, after a hot day, got severe pains above the umbilicus, which awakened him about two a. m. With each exacerbation he vomited a small amount of acid and bitter mucus. Moving about, even in bed, renewed the attacks. Lying perfectly still, he felt better. There was marked relief when lying on the abdomen. Desire for ice; thirsty; lips and mouth felt dry; taste sourish.

I dissolved some pellets of Bryonia, 200th, in a half tumblerful of water, and gave a teaspoonful, after which he dozed. I left him, directing a dose upon each exacerbation. Within an hour he took two more doses, then slept fairly until morning, awoke well, and forestalled my intended morning call by coming in, relating the facts, and paying his bill with many thanks.

HAY-FEVER.—Many people who habitually suffer from this distressing malady annually seek the seashore for prophylaxis —and nearly always with some apparent advantage; but these should bear in mind the indication to choose a location entirely exempt from land vegetation—hence, an island beach, separated from the main land by a wide bay or sound, and to which stables, hay, etc., are strangers. Such a place may usually be counted on as an asylum "during the season."

A number of drugs have done good service. I will refer

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to but one , and give the case. Gelsemium—proposed in 1866, I believe by Dr. Lippe.

Case.—Mrs. V., aged 40 years; subject to hay fever; attacks begin about the middle of August. She being at Ocean Grove, this summer the symptoms did not appear until about a week later; had red, watery eyes, running at the nose, and frequent troublesome sneezing; seems better after taking a sea bath. Prescribed Gelsemium 3, in pellets, dissolved—a teaspoonful every three hours. Progressive improvement and rapid cure ensued; indeed, the attack continued but about five or six days in all.

Gelsemium is probably our best remedy for the *beginnings* of the disease.

SEASICKNESS.—In the early stages of this malady, the bugbear of voyagers, I consider ordinary medication needless. I direct persons about to sail—on a yacht, for instance—to procure a a bottle of the very small English gherkin pickles, and on the appearance of the symptoms, either vertigo, headache or nausea, to simply nibble one of these—as a sailor would use his tobacco. This summer, a lady varied this by keeping two of the tiniest in her mouth. She and her whole party remained exempt—alone among those unaccustomed to the sea. The advanced stages require regular, *i. e.* homœopathic medical, treatment—sometimes Aconite even, owing to fever, etc.

STENOSIS OF THE PYLORUS AND DILATATION OF THE STOMACH.

BY L. BALDWIN, M. D., MAYBEE, MICH.

Mr. H. B. W. applied to me for treatment nearly three months ago, and gave the following history: Twelve years ago he represented this district in the state legislature. He was a man of very strong constitution and, previous to that time, had enjoyed good health. When he came home from Lansing, he was troubled with what was supposed to be dyspepsia, due, he thought, to late oyster suppers, etc. This "dyspepsia" continued, and gradually grew worse for five or six years, when it

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became very bad and was accompanied by very acute pain in the region of the pylorus. Failing to get relief, he changed physicians several times. He could keep nothing on his stomach for any length of time, had "coffee-ground" vomiting, and every physician whom he consulted at that time diagnosed it: *Cancer of the Pylorus.*

Shortly after this, another physician made the diagnosis of ulceration of the stomach, and put him upon a strictly liquid diet. From this he began to improve, and regained strength enough to do considerable work upon the farm. About this time he was told that he had also dilatation of the stomach to some extent. Things ran on in this way for a year, or so, when he was taken with another bad spell, from which it was thought he could never recover, but after a time he began to improve, and finally got around to work again. It was noticed that these severe attacks always followed the discontinuance of liquid diet. At such times he seemed to have absolutely no control over his appetite and would eat enormous quantities of "anything and everything in the shape of food." It seemed as though the more he ate, the less his hunger was satisfied.

His wife and family informed me that, when he would get on one of his "eating tantrums," as they expressed it, he would eat as much as four or five men ought to eat, after which he would go out to the well and drink from three to six quarts of cold water, which would cause vomiting almost immediately. This would be repeated, sometimes six to eight times a day, until he had become very weak and exhausted from lack of nourishment, when he would again begin to diet. When he desired to vomit, he acomplished it by filling his stomach with water, and getting down upon his hands and knees. It appears to be evident that he could not control his craving for food at times, because he knew from experience that when he was not careful in his diet it would be followed by a poor spell, and yet he would indulge himself. His wife often warned him of the effects of his indiscretion, but he only got out of patience and paid no attention to it. During the last four years he had not consulted a physician more than three or four times previous

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to calling me, but during the last year it was noticed that at times his feet and legs were œdematous.

When in health, his average weight was 160 lbs., but for several months previous to beginning treatment with me, he had been very poorly, and had run down so that at that time he only weighed 112 lbs.

On August 18th he applied to me for treatment, complaining of headache, dry tongue, thirst etc. and stating that lately he could keep nothing on his stomach for more than a few minutes after eating, although he was very careful in his diet. I prescribed Bryonia and Hydrastic can., in alternation.

August 24th he again reported, and to my surprise claimed to feel like a new man, and said he had not vomited since he took the first dose of medicine. His headache and his thirst had been removed in twelve hours, and he claimed to feel better than he had done in years.

September 7th he again reported. He looked very much better, was gaining in weight, and he felt sure he was going to get well.

He called upon me on September 27th, said he had gained twenty-five pounds since I began treating him, considered himself nearly cured, and thought he could begin to eat anything he wanted. I insisted upon a very close regimen in the way of food, but in a few days he discontinued his diet and ate a quantity of sardines, nuts, etc. On October 16th I was summoned to visit him in haste, and found him suffering from very severe pain in the stomach and a tonic contraction of all the muscles.

Left him Strychnia 3x and Fowler's Solution in alternation.

October 17th found the muscular contractions relieved, but he had a full pulse and delirium. Temperature 99.8°. Prescribed Belladonna 1x and Arsenicum 3x.

October 18th, the delirium was less, and temperature 99.5°; but he died that night.

A post mortem examination revealed dilatation of the stomach and stenosis of the pylorus, an opening about the size of a knitting needle only remaining, but no induration or

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hypertrophy of the tissues. The mucous membrane of the stomach was somewhat inflamed, but this might easily be accounted for by the fact that he had abused himself by overeating constantly for the last two or three weeks of his life. With the naked eye no cicatricial tissue could be detected, although the microscope might have revealed it. The liver, spleen and kidneys were healthy.

From the history of the case it is not easy to see why he might not have lived to a good old age if he had adhered strictly to a liquid diet. It had been characteristic from the beginning that on a liquid diet he would improve, but as soon as solid food was taken it irritated his stomach and he would receive no nourishment as a result. The history would lead us to think that at the beginning there was a laceration of the tissues; for aside from the dyspepsia, the very severe attacks came on suddenly, leading him to think he had strained himself in lifting, as he vomited blood about that time. There must certainly have been at one time a raw surface in that region, judging from the pain and hæmorrhage which followed for weeks.

NOTE BY THE EDITOR.—The above case is one of conside rable interest, particularly in so far as it refers to the history of the case: it is therefore published with pleasure and will be read with profit. The treatment, however, so far as it relates to the selection of the (one) remedy for the case, leaves everything to be desired. When will we learn that strict adherence to the one remedy is an essential feature, not only of homœopathic practice, but of all sensible prescribing?

PELVIC CELLULITIS.

BY J. C. WOOD, M. D., ANN ARBOR, MICH.

May 27, 1882. Mrs. P. K., aet 26, was delivered Sunday, p.m., with midwife in attendance. The labor was comparatively easy and rapid, though the perineum was torn as far as sphincter ani muscle. Forty-eight hours after delivery a severe rigor, followed by high fever and deep seated pain in the pelvic region, especially on left side, announced an attack of pelvic cellulitis. A "regular" physician was called, who treated her with full doses of aconite, opium and mercury.

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Present Condition:—Pulse 140; respiration 34; temperature 103°. Tongue is thickly coated with heavy white fur, the mouth is very dry, and thirst for frequent and small quantities of water most decided. Great restlessness and fear of death, with nocturnal delirium. The lochial discharge suppressed, the skin clammy—of a yellowish tinge—and the bowels inclined to be loose. Urine dark, and secretion of milk not established. The left thigh is flexed, and there is a burning, throbbing lancinating pain, much aggravated by hard pressure, though unaffected by superficial. The vagina is hot and dry, the cervix tender, with gaping os; the fundus of uterus crowded to the right, the whole organ fixed, with a tumor occupying the left lateral fornix of vagina, which is hard, tense and unyielding.—℞—Cool drinks; hot turpentine stupes to abdomen, and copious carbolized douches every four hours. Arsenicum 3x, one grain every two hours. Veratrum viride 1x, ten drops in a glass half full of water, a teaspoonful every hour.

A messenger called me up at midnight, stating that the delirium was much worse and the fever higher. The patient is very loquacious, and it required much effort to keep her in bed. As she resided some ten miles in the country, I substituted hyoscyamus 3x for the veratrum, with a promise to make an early morning visit May 28. The delirium subsided soon after taking the hyoscyamus, and the patient seems much brighter. Pulse 120—much less tense than yesterday; temperature 102°; thirst abated; tongue clearing off; slight lochial discharge; takes milk and liquid food with some degree of avidity. Is broken out with a vesicular eruption which itches violently. She is yet very restless, cannot lie still, and changes constantly her position, which seems to afford temporary relief. ℞ Substitute Rhus tox for the arsenicum, and give hyoscyamus only during delirium. Continue local treatment as before, with a diet of milk and beef tea.

May 29.—Decidedly improved. Pulse 104; temperature 100.30; respiration, 24. Has not been necessary to administer the hyoscyamus. Thirst has entirely disappeared, and food is taken with a relish. Lochial discharge established and quite

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natural as regards both quantity and quality. Lacteal secretion slightly established. ℞—Continue treatment. Douches to be used twice per day. Child to be applied to breast every three hours.

May 31.—Improvement rapid and continuous. The bowels are constipated, with dull headache and vertigo. Pains in small of back. Pulse 96; temperature 99°; respiration 24. ℞—Nux vom. 3x every hour instead of rhus tox. The bowels are to be emptied by an enema of warm water. Continue the vaginal injections once per day, and substitute hot bran bags over abdomen for turpentine stupes.

June 7.—All evidences of inflammation have subsided. The tumor of left broad ligament is gradually subsiding. The flow of milk is fully established, and the babe doing nicely. Sallow complexion still remains, though bowels are acting regularly. Has no headache and feels very well. ℞—Nux vom. twice per day.

June 10.—Patient dismissed, with instructions to remain in bed for ten days longer and to report at my office at the end of four weeks.

July 5.—A local examination shows that inflammatory deposit has almost entirely disappeared, although there is yet some pain in left side of pelvis which is relieved by retracting thigh.

A perfect recovery was eventually brought about in this case, though the patient again conceived before ten months had elapsed, miscarrying at the eighth week, pelvic cellulitis again nearly carrying her off. Many of these attacks can be avoided by antiseptic precautions and immediate reparation of the perineum, but after the onset of one, hot injections and hot applications, in connection with the indicated remedy, will work miracles in arresting that sequel which is so much to be dreaded, namely, pelvic abcess.

Dr. J. Martine Kershaw, of St. Louis, Mo., has assumed editorial charge of the "St. Louis Periscope and Clinical Review." The career of Dr. Kraft, the retiring editor, if not of long duration, was long enough to give evidence of special fitness, on his part, for editorial work.

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PYOMETRA.

M. D., aged 36, married eleven years, one child nine years ago, was admitted into the Chelsea Hospital for Women, April 8, 1884. Her history was as follows:—Her labor was a difficult one; she was delivered of a dead child by craniotomy, and was laid up for a long time afterwards * * *. On admission there was found to be a rounded tumor, apparently uterine, which rose in the abdomen one inch above the umbilicus. It was elastic and very tender to touch. She had menstruated regularly until two years ago, when menstruation became irregular for six months, and finally ceased. At the time of admission, she had not menstruated for eighteen months. There was pain, however, recurring regularly each month. On attempting a vaginal examination, it was found that the vagina was completely occluded from the vulva upwards. On April 10, I, therefore, dissected up the occluded vagina to a distance of two and a half inches, when the uterus was reached, and eighteen ounces of thick yellow pus escaped in a full stream. The vagina was then allowed to collapse, so that the pus which remained in the uterus might gradually ooze away. She passed a good night, the temperature next morning being 100. The vagina was syringed daily with a carbolic solution. During the first three weeks after the operation, the temperature varied from 100 to 103. The vagina was prevented from closing again by frequent digital examinations. She left the hospital on August 30, cured. I have not been able to find any similar case recorded. There had evidently been a cicatricial closure of the vagina from the vulva to within half an inch of the os-uteri, the sound passing the normal length. Succeeding menstrual periods gradually filled the uterine cavity, which became distended with the retained blood. The haematometra thus created ended in suppuration. * * * When the patient was admitted into the hospital she was in a state of septicaemia with emaciation, and evidently had not long to live.—*Fancourt Barnes, M. D., British Gynaecological Journal, July, 1886.*

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"Amicus Plato, amicus Socrates, sed magis amica veritas."
H. R. ARNDT, M. D., - GENERAL EDITOR.

VOL. XI. ANN ARBOR, MICH., DECEMBER, 1886. No. 21–22.

EDITORIAL.

Our colleagues of the "dominant" school of medicine off and on betray a growing amount of uneasiness concerning the ever increasing consumption of proprietary quack medicines. The Philadelphia Medical Times, in its issue of October 16th, 1886, devotes a considerable amount of space to a discussion of this, to them, very important question, dwelling, with a pathos which is absolutely touching, upon the fact that the people of the United States actually expend for secret and proprietary medicines within the short space of one year the royal sum of eighty millions of dollars. The writer of the article, it is evident, does not so much mind the loss of this sum to the medical profession, as he contemplates with horror the effect of this vast amount of drugging upon poor humanity. "Compared with this insiduously growing evil, war and intemperance are made to seem less formidable calamities. Limned in detail, the picture would be ludicrous, if it were not in its results so fatal as to be actually appalling." As a matter of course, the correspondent is not unprepared to suggest a remedy which, he hopes, will relieve this crying evil, and will save the "eighty millions," or, at least, will put them where they properly belong, i. e., into the pockets of the physicians.

He calls attention to the existence "of anti-tobacco societies, anti-liquor parties, even anti-adulteration journals," but, he plaintively adds, "there are no anti-nostrum associations." He maintains that by a united effort the medical profession, in

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spite of the power of habit, of tradition and of ignorance, can so educate the masses that they will forego the exquisite pleasure of buying whatever nauseous compounds they may see fit to take, and of purchasing them when and where they please; by accomplishing this great and glorious task, the dear public, as a matter of course, will be saved from the effects of the pernicious practice discussed, and the eighty millions of dollars will be diverted into the legitimate channel, to swell the bank account of the self-sacrificing doctor.

The article, as a whole, contains many reflections which are practical, and affords some hints which should not be treated lightly. Nevertheless, the entire drift of the argument shows that the writer is suffering keenly from that species of short-sightedness which is a part and parcel of the policy of our "old school" friends, and which very often leads them to blame others when the entire responsibility of evils experienced rests with themselves.

That the nostrum-venders throughout this country do a flourishing business cannot be denied; that the patent medicine man, the Indian doctor, the healing medium, the "cure-all," are rolling up a goodly bank account while hundreds of worthy and educated physicians of various persuasions in therapeutics are actually hanging on the ragged edge of absolute want, is an open secret; and that thousands of people are constantly doing all in their power to hopelessly ruin their health, chiefly by patronizing these abominable frauds, is a matter too patent to elicit even the faintest denial. It is, however, useless to attribute this willingness on the part of the masses to be duped to innate folly and ignorance of the people. The medical profession is responsible for this state of affairs, and if "tradition" is indeed a factor in this matter, the tradition itself is based upon the conviction—a plant of slow but sure growth—that the nostrum of the patent-medicine man or the medicine of the Indian doctor is quite as likely to cure as is the villainous compound of a dozen nauseating ingredients prescribed by the learned and self-sufficient doctor around the corner.

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By making this somewhat sweeping statement we, to be more explicit, desire to bring out boldly the fact that the dominant school of medicine, with numerically insignificant exceptions, have always felt it below their professional dignity to waste much of their time in the study of practical therapeutics.

Doctors, as a rule, have always been too busy in the pursuit of the physical sciences, of pathological, and other, speculations, to do much more than search for effective palliatives or paroxysmally to indulge in a wild goose-chase after "specifics." There has been a perfect mania to develop in the various branches of medical science everything save therapeutic knowledge, and this unwillingness to study therapeutics has been none the less marked on account of the fact, which should be patent to all, that the sick care infinitely more for one dose of the curative remedy than they do for a ton of unintelligible, often irrational, and very commonly utterly useless theorizing and speculating concerning the pathology of the disease from which they are suffering. When there dawned upon the masses of the sick the clear conviction that they were warranted to expect from the medical man much wholesome general advice and a large amount of display of technical knowledge, but that beyond this nothing could be given save what the village shepherd, some old nurse, or, at best, the druggist were quite as able to furnish, and at a saving of considerable expense to the patient, from that time on a very large proportion of the sick, in all save the most violent forms of disease, turned from the physician who, so far as his power as a healer of disease is concerned, had lost their confidence, and passing through the hands of the village-nurse and of the drug-clerk, they eventually fell a prey to the wiles of the unscrupulous nostrum-vender and patent-medicine man. Had the masses of the people, who, in the main, are very likely to be less at fault in their judgment than many medical men would like to have us believe,—had the masses any just cause for placing much confidence in the judgment or superior skill of their physicians as practical therapeutists,

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there would soon be little counter-prescribing, little taking of patent medicines, little patronizing of imposters. But the people are not blind! A patient very soon learns that a visit to his medical adviser results in little more than a somewhat imposing examination, the performance winding-up with the presentation of a bill for services rendered, and the services usually consisting of a prescription of quinine, or of opium in some form, or of blue-mass, or some other "harmless" favorite remedy of our "scientific" friends. When this experiment is repeated again and again, and the same prescription is made for an unlimited number of pathological conditions, the common-sense of the patient eventually suggests that doctors may be estimable and very learned men, but that they know no more of the medical treatment of disease that do other people; and it requires no tremendous effort of a very common intellect to realize that it is as satisfactory, and a great deal cheaper, to purchase quinine, and opium, and blue-mass over the counter of the druggist, just as one purchases flour over the counter of the grocer, thus saving time, trouble, and expense. If it so happens that his own knowledge at times proves insufficient, the patient does not return to the physician who has already failed him, but "experiments" on his own responsibility, the more readily since the members of the dominant school of medicine rarely fail to leave upon the mind of a client the impression that drugs, to become a source of possible danger, must be taken in "appreciable" doses. And thus experimenting, the poor misguided fool of a patient, tired of taking nothing but quinine, opium and blue-mass in the regular way, goes from bad to worse, and more or less effectually ruins his health to the tune of, we are told, eighty millions of dollars per annum.

Naturally enough, our friends of the old school refuse to take this view of the trouble. They deliberately close their eyes to several facts of great importance in connection with this subject. They refuse to recognize the fact that people who are in the habit of employing homœopathic physicians do not often run after strange idols, but find it to their advantage

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in every sense to wholly trust to the judgment and to the prescriptions of their physician. Actual experience has again and again taught them this lesson; and the knowledge, obtained from actual experience, that the homœopathists are practical therapeutists while the great bulk of "regulars," so-called, regardless of other, and very solid, accomplishments, are but bunglers in therepeutics, is the one reason why homœopathists are controlling a constantly increasing clientelle among the wealthy and the intelligent, and why, as a mere matter of self-defense, and in the merest trade-spirit, shrewd and observing practitioners of the old school have of late years imitated many of the measures and methods in vogue among homœopaths.

Another fact, wholly ignored by our old-school friends in the consideration of this very practical question, tends to show quite conclusively that the people always prefer the services of the medical man whom they personally know, whenever they feel that he is worthy of special confidence because specially qualified. Do the people go to the druggist to have a finger lanced or to the traveling "doctor" to have a broken limb set or a surgical operation performed? Not at all! And why not? Because they at once realize, and actually overestimate, the element of danger connected with the employment of surgical means, and, secondly, because they feel satisfied that their home physician is more likely to possess the requisite skill for the performance of an operation than is the stranger who comes without recommendation save advertisements written by himself and paid for in hard cash.

These facts suggest the remedy for the evil complained of by our old-school friends, an evil which to the homœopathic school presents itself only in a very modified form, so modified, indeed, that it practically has no existence. To commence with, let our neighbors cease their ridiculously unscientific talk about the harmlessness of small doses of medicinal substances, and thus, in the course of time, they will teach the masses the danger constantly arising from the use of medicines upon the advice of uneducated and irresponsible persons. Then let our old-school friends make of themselves what in

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the past they have not been, and what at this writing they cannot successfully claim to be, i. e. practical therapeutists. When the latter has been accomplished,—and the energy of our colleagues, *if supplemented with honest effort*, will soon bring about this desired result—it will not take long to have the people understand that it is to their own interest to consult at all times, not the druggist, the nostrum-vender, or patent-medicine almanac, but the men who really understand, as they always should understand, the wonderful sick-making and disease-curing properties of the medicinal substances.

Such a course of action will save the "eighty millions" and, what is infinitely more precious, many a life now hopelessly crippled; any other course will fall short of radical relief.

TRANSLTIONS—SELECTIONS.

A CASE OF ECZEMA, WITH MALIGNANT DISEASE, OF THE BREAST.

BY DR. L. WALDSTEIN, N. Y.

(Read before the Medico-Chirurgical Society of German physicians of New York and vicinity, Oct. 4, 1886.)

Twelve years ago Paget first made a careful report of a series of fifteen cases of a peculiar affection of the mammary gland, consisting of a chronic eczema of the nipple with carcinoma of the breast.

Since that time quite a number of essays on this subject have appeared, all of them aiming to describe the nature and to fix the relation which these two pathological processes hold to each other.

At the present, and since the appearance of Paget's work, all agree that in older patients the affection commences with a moist eczema of the nipple or of the immediately adjacent tissues. In a few cases it was possible to detect a traumatic cause (as from suckling), but in the majority of cases no immediate cause could be assigned. This local difficulty, instead of yielding to treatment, not only defies all the measures em-

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ployed, but gradually extends throughout the areola of the nipple; thickening or condensation of tissue may be observed, bearing, as Koenig points out, a certain resemblance to spots of psoriasis; from this we get, step by step, cornification, desquamation, and denudation of the papillary body. Already (within the course of a few weeks) symptoms appear of retraction of the nipple, which—depending, as it it does, upon the inflammatory and, later, cirrhotic processes in the subcutaneous cellular tissue—soon becomes absolute, so that the observer at this stage is confronted simply with a surface of integument suffering from an exquisite chronic eczema. Even if at this stage, as is nearly always the case, the gland proper did not furnish evidence of involvement, one would have no difficulty in recognizing that the real issue is something much more serious than a simple chronic eczema, even if one can not take it as fully proved that the retraction of the nipple must necessarily depend upon malignant disease. Thin and Sherwell professed ability, some time ago, to recognize the nature of this eczema from peculiar soft, warty excrescences in the immediate vicinity of the nipple. The former considers this truly pathogomonic, to such an extent, indeed, that he proposes to call the entire affection a *malignant papillary dermatitis*.

From now on, the course is more intense, and there appear in rapid succession the signs and symptoms of carcinoma, surgical treatment of which is in many cases suggested by the ugly symptoms of the eczema. It is easily seen that operative interference is not had early enough, on account of the seemingly benign nature of the eczema, to form any clear opinion as to the course of the disease and the relation, anatomically, which the two affections hold to each other. As a matter of fact, the appearances are so vague that it seems impossible to follow the transition of the one affection into the other. It became a necessity, here as in many other branches of pathological study, to formulate probable hypotheses by calling into service clinical experiences, and by forming conclusions from other forms of cancer. Thus it followed that some in-

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sisted upon treating this eczema as a type *per se* with malignant tendencies, while others consider the carcinoma the primary difficulty, with the implied conclusion that the dermatitis is a secondary condition, a complication. Others again find for both a common causation, an affection of the larger milk ducts; and finally it is asserted that the starting point lies in a peculiar epitheliomatous formation in the *rete Malpighi*, which in due course of time involves the genetically homologous epithelial structure of the excretory ducts, and later the epithelium of the gland proper.

We have then, as you observe, not less than four interpretations of a single pathological condition of the mammary gland, and when I add that not only each one is defended by skillful, but in some cases by celebrated investigators, but that in almost every successful operation this or that condition may be differently interpreted, you will surely admit that it is worth our while to carefully examine each case which may come under our observation. I must also admit that in the examination of the structures now before you, I was constantly at a loss to arrive at a positive conclusion, until I was forced to acknowledge to myself that this case, no more than the great majority of cases, is not a proper one to base upon it an opinion concerning the different stages of the disease. An examination of the microscopes before you will induce you to share my views.

Dr. F. Lange was good enough to send me the amputated breast for purposes of examination, and has furnished me the following brief history of the case:

Mrs. T., aet 61 years; first consulted me September 27, 1885. Has for about one year noticed an enlargement in the left breast. Has had three attacks of erysipelas and eczema of the leg, and some twenty-seven years ago had periostitis; has also miscarried four times.

Status præsens: There is a hard, infiltrated swelling of the size of the fist in the upper quadrant of the left breast. The nipple is completely retracted, but in its place there presents an elevated, moist surface, the adjacent tissues being

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eczematous. On account of the heavy layer of adipose tissue it is impossible to detect with certainty enlarged axillary glands, but there is the appearance as if single enlarged glands existed. A preliminary puncture showed the presence of hard, tough tissue. The integument over the chief enlargement is not adherent.

There is an item here, concerning the habitus of the patient, which, if taken in connection with certain clinical data, becomes one of no small importance. I refer to the evident tendency to eczema and kindred affections. It is, however, necessary to determine if the eczema would lead to a malignant disease of the mammary gland in case it should from any cause in persons of this diathesis attack the nipple. You can see that one hypothesis at once leads into a net work of presumptions, which eventually meet in the familiar domain of "predisposition." It would seem as if experimentation upon animals would promise most in the way of a satisfactory conclusion, and I am strongly persuaded to the belief that such a line of work would be profitable.

For the time being it is safest to slight the ætiology and, if possible, to get a clear understanding of the actually existing processes.

The first feature, which becomes apparent upon transverse cut which is perpendicular to the mamillary region is the absence of glandular proliferation between the external tissue and the deep-lying carcinoma. Under the microscope the following is clearly seen: The connective tissue is cirrhotic, the cellular infiltration has disappeared, and the larger milk ducts are intact so far as heteroplastic new formations are concerned. Here and there appears a small duct with profuse epithelial development; the lumen is enlarged, but its walls are intact. This condition has led Buetlin, Duehring, et al., to take for granted an extension of the process by presuming that the thicker walls of the small ducts not only prevent an extension of the epithelial hyperplasia into the adjacent tissues, but that, on the other hand, such a proliferation is actually favored in the glandular structures proper by the delicacy of the membrana propria.

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Pheripherally you will recognize in the subcutaneous cellular tissue the evidences of a more recent inflammatory process, the infiltration into the more minute cell-structures. Proceeding in an exterior direction, you can see that in the centre of the specimens or sections presented the upper surface is formed by a dried exudative material beneath which lies a layer, varying in thickness, of horny epithelium, epidermis-substance. The thickness of the latter commands attention when compared with the *stratum Malpighi* which is so delicate that in places it is almost lost. I have examined a number of the breasts of children and of healthy adults with particular reference to this point, and have found that in all of them the *rete Malp.* is but little developed. In other words, the papillary body approaching the mamilla constantly rises toward the surface, while toward the periphery it is separated *more and more* from the epidermis by a normally vigorous stratum mucosum.

We can easily take it for granted, without prejudice to the chief question involved, that a tissue of the skin at this point, close to the nipple, (and it is here where the clinical observer expects most frequently to find the earby eczema) will more readily and more deeply involve the papillary body at this point where it is so rich in vascular and lymphatic structures, than at other points where it has the effective protection of a full layer of epithelial structure.

And thus it is in fact, and Thin professes to recognize his *malignant papillary dermatitis*, as he calls the condition we are now considering, by the early appearance on the surface of the papillary body in the form of minute, warty escrescences.

A more careful examination of the rete upon cross section demonstrates two facts. First, an unmistakable proliferation, by means of which quite often the crest or top of single papillæ is lost by the constriction resulting. An attempt has been made to attach particular importance to this occurrence, as if it were characteristic of this form of disease to cause in the papillary body certain cyst-formations from tissue-softening. Those of you who have some experience in the microscopy of chronic dermatitis will agree with me that it is not at all un-

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usual to meet with this process of constricting or ligating, without giving to the eczema anything specific. Even though this excessive growth of the Malpighian body has been noted in all the cases subjected to a more thorough examination, and is known to have reached a high degree, I cannot, after what I have seen, follow *Duehring* and *Wile*, who look upon it as an epithelioma which gives the first impulse to an extension through the ducts until it finally involves the gland. In my case I find that the new cell-formation—instead of involving the corium and other structures, as it does in epithelioma—is, on the contrary, limited to localized accumulations of multiplying cells *within* the stratum mucosum; it is only in isolated spots that fibrous filaments penetrate into the connective tissue spaces. Furthermore, these differ also from the epithelioma-fibre in that the cornification, the hardening, does not involve the cell-body *in toto*, forming the so-called "pearls," but there are formed little granules and drops, resembling the former, which Ranvier was the first to describe and which he called Eleidin.

The second feature consists of collections of cells in well-defined limited spaces, the origin of which it is difficult to determine; but I have seen specimens from which one would readily come to the conclusion that they are derived directly from the epithelial bundles already mentioned, which have made their way by proliferation into the lymph spaces, thus suggesting an alveolar formation. Of such specimens several are before you, and you have the opportunity to convince yourselves of the soundness of such a proposition. Certainly, the possibility of an epitheliomatous formation need not be discussed here.

We are dealing therefore with a process capable of producing the most varied changes, but of whose nature it is difficult to form a comprehensive idea. As to its character, it seems to me, nothing can be said at present. I dare express no opinion whether we are dealing with a simple eczema, which by continuity, in persons properly predisposed, leads to a carcinoma; whether it will do, in such cases, to consider the

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simple but long-continued irritation the cause of the malignant formation; or if there is at the bottom of both states, the glandular as well as the skin-affection, one common, as yet ununknown, cause.—*From the New Yorker Medizinische Presse, November, 1886.*

RETENTION OF URINE FROM PERINEAL AND HYMENEAL INJURIES.

At a recent meeting of the Edinburgh Obstetrical Society, the president read the notes of an exceedingly interesting case of retention of urine. A young woman was brought into his consulting room by her husband, suffering from a severe pain in her abdomen. An examination revealed a tense, round tumor extending from the pubes to the umbilicus. She informed the President that she had passed water recently and had a frequent desire to do so. The introduction of a catheter drew off about two quarts of urine. Subsequent inquiries elicited the fact that the patient had been married but two days, and that since the night of her marriage she had complained of more or less distress, and had passed water only in very small quantities since. An examination *per vaginam* revealed the fact that with the laceration of the hymen, a tear, at least an inch in length, had extended until the mucous membrance of the posterior vaginal wall. The writer says: "The case belongs to that class of retention cases which are reflex in their origin. It belongs exactly to the same class as retention of urine in the puerperal woman from laceration of the perineum, or as retention arising from urethral caruncle. Winckel has shown, and in the paper by myself to which I have already referred, I found, that catheterism is more frequently required in childbed the greater the injury to the perineum, and it is probable that the relation between the necessity for catheterism and hymeneal laceration may be even closer.

The retention of urine is, in my opinion, not due, as some have said, to the patient voluntarily retaining her urine from the dread of allowing it to come in contact with a raw, tender

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surface, and as a consequence, the retention becomes involuntary from over-distension and temporary paralysis of the muscular coat of the bladder. Rather it is due to a reflex mechanism. It seems to me that this case, in common with all those of perineal laceration accompanied with retention, arises from a tonic spasm of the sphincter vesicæ, caused by the stream of afferens-stimuli reaching the centre from the nerve endings in the lacerated womb."

Upon this same theory can be explained those exceedingly obstinate cases of dysuria, caused by the involvement of fibers of the pudic nerve or by an anal ulcer. Any lesion implicating the perineum or the recto-vaginal septum should, therefore, at all times, cause the physician to be on the look-out for retention of urine. Not very long ago I was called in consultation with Doctor Wheelock, of Bancroft, Mich. Just before taking my departure for home, the Doctor was called to see a case of puerperal septicæmia, some fifteen miles distant, and at his urgent request I accompanied him. Two physicians of the "regular" school had been in "regular" attendance. The labor had been a comparatively easy one, though the perineum suffered a laceration down to the sphincter ani muscle, no attempt being made to repair it. We found our patient delirious, furious and clutching at her abdomen. An examination revealed a tumor so large that we at first sight thought it tympanitis due to general involvement of the peritoneum. The attendants informed us that she had passed no urine for seventy-two hours. A catheter rewarded us with over three quarts of urine, and while the patient at once became easier, she was moribund, and died on the next day. Perhaps the end might have been different, had the "scientific" gentlemen in attendance done their duty. J. C. W.

The Medical Era sententiously remarks "that this indiscriminate spaying of women will stop when the general castration of men begins," and wisely adds, as if speaking from experience "that a bald head and a bay-window abdomen are important qualities for an aspiring gynæcologist to possess."

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CORROSIVE SUBLIMATE POISONING, WITH MARKED LESIONS OF THE KIDNEYS AND INTESTINES.

The case was interesting because of the rarity with which bichloride of mercury is used for suicidal purposes, and also on account of the enormous dose taken. The clinical history was interesting because of the nearly complete suppression of urine for several days, yet no uræmic symptoms were developed. It might be urged that the profuse diarrhœa acted vicariously; but at the same time it should be borne in mind that in many cases these nervous phenomena are merely accidental, and that they are not necessarily produced by destruction of the kidneys.

S. B. ——, nineteen years of age, single, colored, and a domestic, took, on the morning of May 6th, 1885, *twenty-five* grains of corrosive sublimate in solution. She vomited in five minutes. There was severe pain at once in the throat and abdomen. Severe purging began in an hour and a half. Shortly after admission, some hours after the poisoning, she passed urine containing twenty per cent. of albumin, and abundant granular casts, epithelial cells, pus, and blood. The patient stated that her feet and hands had swelled occasionally during the past year.

May 8th. Constant purging, and 1½ ounce of urine has passed since admission; and on May 9th, one drachm of urine was drawn with the catheter.

May 10th. Fifteen stools, small in amount and containing blood. Vomiting of yellow fluid, free from blood. Great abdominal pain, urine very scanty, albuminous, granular and epithelial casts; epithelial cells of all shapes—flat, tailed, and polyhedral.

May 12th. Died in collapse, after continued purging and vomiting and abdominal pain. She was delirious on the night before death, but became rational in the morning. Stools, on the day of death, dark, slate-colored and fluid. Her temperature was normal or subnormal, save on the day of admission, when it reached 102, 8° F.

Autopsy one hour and fifty minutes after death. Body

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well nourished. Rigor mortis absent. Brain not examined. Visceral *peritoneum* injected and dry, and coated with fibrine, especially over the great curvature of the stomach and lower end of the ileum. Mesenteric glands as large as a lima bean. The *heart*, *lungs*, and *spleen* were normal. The *liver* weighed three pounds and three ounces; was soft, slightly mottled, red and yellow, and the cut surface was shiny. *Kidney*, perhaps a little enlarged; capsule not adherent, surface smooth; cortex somewhat thickened, yellow, and somewhat granular in appearance; medullary rays appear as paler yellow lines in the yellow cortex. Under the microscope there seemed to be no infiltration of the stroma with cells. The epithelium of the convoluted and some of the straight tubes were in places cloudy, swollen and granular. In some of the tubes a curious change had taken place. The lumen of the tube was, in some parts of its course, filled with closely packed, round, homogeneous bodies, which showed no signs of structure or nucleus. These bodies stained deeply with elosin. Toward the distal end of the tube they seemed in places to have fused and formed bodies looking like hyaline casts, but so large as to completely fill the tube, which was denuded of its epithelium in these places. That these bodies were altered epithelium was shown by the fact that in many parts of the tubes the epithelium might be seen in which a similar change was in progress. Also cells showing a similar hyaline appearance at the periphery, and others more extensively changed, with nuclei of indistinct outline which stained poorly, were to be seen here and there still attached to the basement membrane. In some places the tube was simply filled with granular detritus. This hyaline appearance might be due to hyaline degeneration or to coagulation necrosis. In some tubes small, flat cells could be seen, which seemed to be newly growing. The blood-vessels were normal. The cells of the capsule of Bowman were swollen. *Stomach*: mucous membrane swollen, reddened, coated with mucus, and and showed numerous punctate hæmorrhages. *Small intestine*: Mucous membrane of upper part injected, and coated with mucus. In the lower two-thirds of the ileum were quite numerous

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patches, about one inch square, of gray appearance, covered with a thin, false membrane. The *large intestine* throughout showed patches of false membrane, especially on the prominent folds of mucous membrane. The uterine cavity contained blood, and in the left ovary a large, fresh corpus luteum.

The specimens were interesting, especially with reference to the local lesion, particularly marked in the large one, and consisting of the production of diphtheritic membrane.—*Report of the New York Pathological Society. Medical Record.*

CLINIQUE.

CASES FROM MEDICAL CLINIQUE, HOM. HOSPITAL, U. OF. M.

REPORTED BY G. G. CARON, M. D., HOUSE-SURGEON AND ASSISTANT TO THE CHAIR OF THEORY AND PRACTICE.

CASEOUS PHTHISIS. Oct. 9, 1886, James G., Ludington, Mich., aet. 27, occupation head sawyer.

Family history: Mother died of quick consumption at the age of 38 years, two weeks after confinement. No further history of lung trouble in the family. The patient's habits previous to this illness were those common to workers in lumber camps, dissipation and drink forming part. Eighteen months ago the patient was struck across the back of the shoulder and the side of the head with a stick of timber. The blow felled him to the ground, and he resumed work in half an hour after the occurrence of the accident. The following night he slept in a room with the windows partly open, which he had not been accustomed to do. Next day the patient had a short, sharp cough, with cutting pains through the right lung, with expectoration of white, frothy mucus. He was then confined to bed for five weeks with inflammation of the lung —so diagnosticated by the attending physician. He had a severe headache during the attack, with paroxysms of coughing, producing epistaxis. During the latter part of the at-

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tack the expectoration became more profuse, greenish, tinged with blood, and very offensive. Night-sweats now set in, and have continued up to the present.

The patient so far recovered as to be able to resume his work, which was not very laborious, handling the lever which guides the log being sawn. He continued at work up to three weeks ago, although he has never, since the first attack, been free from night sweats or foul, offensive expectoration. The patient has always caught a cold easily. Three weeks ago he was caught working in a rainstorm, when a dry, harsh cough came on suddenly, accompanied with lancinating pain through the infra-scapular region. Expectoration became profuse, yellow, streaked with blood, and very offensive. There was profuse, acid sweat at all times, but worse at night,. *Emaciation had been rapid*, the patient having lost twenty-eight pounds during the three weeks previous to admission into the hospital.

When admitted to the hospital the patient presented the following symptoms: Appetite impaired, bowels regular, tongue heavily coated brown, paroxysms of coughing worse at night, often waking him from sleep, and frequently terminating in vomiting of mucus. Expectoration consisted of heavy, greenish-yellow masses, often streaked with blood and very purulent and offensive. It was more profuse in the early morning, but was considerable at all times. Cough, rough and explosive. Feels better moving around, but soon becomes fatigued.

Examination revealed an area of tympanitic resonance, with bronchial and cavernous respiration over the second and third right intercostal spaces. Dulness surrounds this area, and the heart sounds are distinctly transmitted over all. The left lung shows increased vesicular murmurs (puerile respiration). Pulse 95, temperature 99° F., respiration dyspnœic Analysis of twenty-four hour's urine shows it to be alkaline in reaction, amount 600 C. C., specific gravity 103, and loaded with urates.

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Iodum 3x, four times daily, was prescribed, together with a concentracted and nutritious diet.

HOSPITAL RECORD IS AS FOLLOWS:

Oct. 16. The patient says he is improved somewhat. Cough not so dry and harsh, tongue only slightly furred, expectoration lessened, not so offensive, and less blood. Iodum 3x, continued.

Oct. 23. Cough much better. The blood has almost disappeared from the sputa, which is slightly green, but not so offensive. Night sweats more marked. Sleeps well at night, except when awakened by an occasional paroxysm of coughing. Appetite excellent. Analysis of 24 hours urine shows it to be neutral, 950 C. C., specific gravity 1030. Still find traces of urates. Rep. Acid phosphor. 6x, four doses a day.

Oct. 16. Patient feels much better. Tongue moist and natural, sweats only a few minutes after lying down, has a dull aching pain in the umbilical region. Cough and expectoration unchanged, bowels and urine normal; has gained eight pounds in nine days. Phophoric acid continued.

Oct. 30. Left lung normal, tympanitic resonance in second and third right intercostal spaces, but less of an area of dullness surrounding it; expectoration of white mucus and cough much lessened, sleeps well and sweats very little, no distress. Iodum 6x, four times daily.

Nov. 3. The patient is not feeling so well, caught cold, cough worse, disturbing his wife, expectoration increased, white and tinged with green; sharp, shooting pain in right lung when coughing; tongue is slightly furred, bowels regular, pulse 72. Iodum 3x. Four times daily.

Nov. 10. Patient says he is well enough to go to work, sweats but very little and at night only, expectoration scanty and of white mucus, seldom coughs, has gained sixteen pounds in weight during his stay in the hospital.

Nov. 12. The patient had so far regained his health that a longer stay in the hospital was considered unnecessary. He was accordingly given some Iodum 6x, and allowed to return home.

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ERYTHEMA MULTIFORME. Mr. R., aet. 30, came into to the clinique, Oct. 25, and furnished us with the following history:

Last night, felt a pricking sensation on the arms and in the groin, which, in a few hours, spread over the entire body.

There appeared little spots like flea-bites wherever the pricking was felt. The sensation was so annoying and the pricking so persistent that he resorted to rubbing and scratching to obtain relief, resulting, after some little time, in the appearance of large, elevated, irregular, red patches. The arms and legs are now covered with these red patches. The face and feet are puffed, and the eyelids œdematous.

The urine is scanty and shows a heavy deposit.

There is a marked fever, with great restlessness, but no thirst.

Appetite impaired, bowels normal, tongue slightly furred. Rep., Apis 3x, one dose every three hours.

Oct. 30. Patient returned. The puffiness and œdema entirely gone. The red patches have disappeared, appetite improved, urine is normal, and the patient is feeling well. Discharged.

A CASE.

BY J. C. WOOD, M. D.

J. V., aet. eight years, of a scrofulous family, with inherited tendency to phthisis from paternal side of ancestry. When two years old, had an attack of meningitis with convulsions, since which time he has never been a strong child, and the depraved condition of the system is very strikingly portrayed in frequent attacks of cancrum oris with a thin, exceedingly offensive diarrhœa. The prostration is very great, but the symptom for which the mother consulted me, and the one causing him the greatest suffering, is a severe, throbbing headache, beginning at the occiput and, spreading to the top of the head. His face is pale and marble-like, the lips red, and the pupils dilated. Says he cannot go to sleep, owing to the se-

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vere, throbbing pain in his head which, when the diarrhœa is suppressed by antipathic prescriptions, always became very much aggravated. A profuse passage of pale, limpid urine, frequently nocturnal, always succeeds the attacks of cephalgia. His feet are cold most of the time, and his head sweats profusely.

Calcarea carb. 30x relieved the headache at once, and accomplished a complete cure inside of three months.

STRAWS.

Heilbing (*Muench. Med. Wochenschrift*, July 27, 1886), had under his care a person suffering from spasmus glottidis phonatorius, who had received no benefit from the various means employed. Penciling of the larynx with a ten per cent solution of cocaine enabled the patient at once to speak loudly and distinctly. The improvement continued for almost six months, and when the relapse occurred, the same application was again successful.

In the *New Orleans Medical and Surgical Journal*, November, 1866, Dr. Sonchon relates the case of a child, aet. about four years, suffering from bronchitis and œdema glottidis. The medical attendant prepared to perform tracheotomy, and left the room to get his instruments; returning, he found the child seemingly dead. The operation, however, was rapidly performed, and the physician in three minutes succeeded in his attempts to resuscitate the child. Thirty hours later the child died of broncho-pneumonia.

At a meeting of the New York Surgical Society (November 8th, 1886), Dr. Abbe presented a girl, aet. 10 years, in whom, on her closing the right hand and then opening it, all the fingers were straightened except the little one, which remained flexed, but could readily be straightened with the other hand. There was no nodule on the flexor tendon; all of them had shown a slight thickening of the sheath. In one of

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five similar cases the treatment had consisted in encircling the middle of the finger with a band, to prevent it from closing to the catching point; and by thus preventing irritation of the node in the sheath of the tendon, the finger had been perfectly restored to its normal condition. The same treatment was being tried in the case presented.

In addressing the New York Neurological Society (meeting of November 2nd, 1886) upon "Cocaine and the so-called Cocaine habit," Dr. Wm. A. Hammond spoke very disparagingly upon the exaggerated reports published of late in the newspapers of this country. He had made some experiments upon himself, as follows: "He first injected hypodermically a grain of the hydrochloride of cocaine, which caused an exhilaration of spirits and a happier state of mind than he had enjoyed during that day. He was unable to sleep that night until four or five o'clock in the morning, and when he got up he had a severe headache. He also had a large evacuation of urine. The effect of the drug was to produce an exhilaration such as would be produced by two or three glasses of champagne. The next night he injected two grains, which produced the same pleasant feeling, and in addition he felt an inordinate desire to write. He wrote eight or ten pages of foolscap, and thought it was the best he had ever written, but the next morning he found it was the most extreme nonsense. Each sentence was complete in itself, but no two sentences had any relation to each other. The first part was more incoherent than the latter. The next night he injected three grains, and, although he felt again the disposition to write, he did not indulge it, but he talked a great deal, and made speeches. He knew what he was about, and was able to restrain himself, but it was pleasant to speak. He went to sleep late, and again awoke with a severe headache. It was a peculiar fact in his case that at the point of injection there was always developed redness and swelling, stopping short only of an abscess. He now had several hard spots on his arm, and waited four or five days, when he injected six grains of hydrochloride

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of cocaine, three grains at two different places. He then felt decidedly "upset," yet he did not lose consciousness, nor his relation to things. He gave instructions to the servants correctly, but he did not feel a strong disposition to write or to talk. He was unable to sleep at all that night. The injections were always followed by a large evacuation of urine, and by headache next day, but without debility. Three nights later, he injected eight grains, with about the same effects. The next night he injected eighteen grains, making six different punctures, all within the space of twenty minutes. He became intensely exhilarated, and was unable some hours afterward to recall what he had done. He was in his office, but in some way got to bed, and the next day he found things in more or less disorder in his office. His headache remained for two days, and there was overaction of the heart, palpitation; he could hear it beating on raising his arms to his head. Exaggerated action of the heart had also attended the smaller doses. But he experienced none of the horrible effects which were said to attend the use of the drug in large or continued doses; no disposition to murder or do acts of violence.—*New York Medical Journal, December 4th, 1886.*

COLLEGE ITEMS.

S. G. MILNER, A. M., CLASS EDITOR.

The class of '86 is fast making a creditable record. All, as far as we can learn, have begun practice with excellent success. Baldwin, Mrs. Riddel, Reynolds, and Rudy have visited the department, and, of course, we were glad to see them.

Caron and Wilson, as noted in a former issue, are members of the Hospital staff.

Kelso and Annie E. Clark were married last month, and Reynolds also has taken to himself a wife.

The following are the addresses of the members of the class of '86.

Lawrence Baldwin, Maybee, Mich.
N. P. B. Riddel, Lawrence, Kan.
Geo. G. Caron; Ann Arbor, Mich.
Annie E. C. Kelso, Newberry, Mich.
L. A. Edwards, Hastings, Neb.
Jos. J. Fowler, Sedalia, Mo.

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Geo. W. Hathaway, Lapeer, Mich.
Matie T. Hathaway, Lapeer, Mich.
Geo. B. Kelso, Newberry, Mich.
Ross D. Mack, Kingston, New Mexico.
John W. McLachlan, Holly, Mich.
Isaiah S. Morris, Reading, Mich.
E. H. Pond, Meadville, Pa.
H. B. Reynolds, White Cloud, Mich.
R. C. Rudy, Alma, Mich.
E. Uncapher, Alleghany, Pa.
H. B. Wilson, Ann Arbor, Mich.

Since last report the new students registered in this department are Mary A. Morley, Guy Coulter and O. E. Baldwin, M. D. The latter is a graduate of Hahnemann college, Chicago, and enters to take a post graduate course.

Margaret Murray, and Arabella Merrill, both of '87, have also returned to finish their course.

The officers of the different classes of this department are as follows:

Senior class: President, S. G. Milner; Vice-president, L. R. Wheelock; Secretary, S. I. Lee; Marshall, G. L. Bailey; Orator, M. B. Snyder; Poet, John S. Campbell; Historian, S. M. Snyder; Prophetess, Arabella Merrill; Critics, R. C. Taylor and E. L. Orleman; Executive committee, President (ex. officio), J. S. Campbell, E. E. Shaw.

Junior class. President, E. A. Darby; Vice-president, H. L. Porter; Secretary, L. A. Hendershott; Assistant secretary, Geo. D. Arndt; Treasurer, W. F. Brooks; Historian, E. W. Ruggles.

Freshman Class: President, C. A. Macrum; Vice-president, S. M. Davis; Secretary, Roy Copeland; Treasurer, Nina Walker.

Never before, we believe, has there been such an interest in the Hospital Prayer meeting, held every Sunday afternoon in the amphitheatre under the auspices of the Y. M. C. A. Credit is due to Mr. W. H. Brooks, '88, for this state of things. Through his management the meetings have been very ably conducted and largely attended. It is hoped that the students and friends of the department will find time to devote an hour each Sunday afternoon to this service, which will not only benefit themselves, but also tend to strengthen many of the patients in their afflictions.

While we are upon this subject, we beg leave to suggest that prayer is not the only means by which we may relieve our unfortunate and afflicted friends. A few flowers, a dainty delicacy, a good book or story, an hour's reading by some bright, joyous person, a few minutes, conversation from some sympathizing friend, is often of as much, if not more, avail than the best medical attendance.

Old books and odd numbers of the magazines, considered by most persons as of little value, find ready use in our hospitals.

Dr. Caron will gladly cooperate with any one who desires to show a kindness in this direction.

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MEMORANDA.

DIED.—On December 14, 1886, at Ann Arbor, Mich., Lucy, wife of Dr. H. R. Arndt.

Dr. G. H. Patchen has removed from Burlington, Ia., to 41 E. 59th street, New York City.

Dr. Chas. H. Gilbert has removed from 1,222 New York Avenue to 1,011 H. street, Washington, D. C.

Dr. E. A. Small, of Chicago, so well known to the profession at large, died recently at his home, full of years and honors.

The office of the "Homœopathic Physician" has been removed from 129 South 13th street to 1123 Spruce Street, Philadelphia, Pa.

Dr. H. A. Stonex writes from Rochester, Mich., that during a very severe epidemic of dysentery, last summer, he obtained excellent results from the employment of Ipecacuanha 1x, Veratrum viride 1x, and Colocynthis 2x.

Dr. C. E. Fisher, of Austin, Texas, the enthusiastic editor of the "Southern Journal, of Homœopathy" crows loudly over the arrival of a new boy at his house. "Date, November 6th; weight, ten pounds." Congratulations!

A rising western gynæcologist declares that he, in his own practice, has several times demonstrated the fact that "while the uterus and ovary participate, to a more or less extent, in the excitement, their removal does not necessarily diminish the pleasure of sexual intercourse."

The need of a surgeon, who in therapeutics is in sympathy with practitioners of homœopathy, is keenly felt in Detroit, Mich., and Dr. H. L. Obetz, upon the formal invitation of the Detroit profession, and with the unreserved sanction of the faculty of the Homœopathic Medical College, University of Michigan, has received formal permission by the Board of Regents to make Detroit his home. This step, when taken, will in no wise affect his relation to the school at Ann Arbor; it is, however, hoped that it will help bind the firmer ties which exist between the representatives, in different parts of the state, of that faith in therapeutics for the advancement of which we are all laboring.

The existence of yellow fever at Biloxi, Miss., and the resulting enforcement of close quarantine on the part of the Louisiana State Board of Health, has given rise to considerable, and bitter, feeling between the authorities and the interested citizens of the affected city whose indignant denial of the existence of the pest, in spite of every evidence to the contrary, vainly sought to avert the unpleasant results of a public exposure. The State Board of Health, and the gulf-states, are to be congratulated upon the firmness exhibited by Dr. Joseph Holt, the President of the Board of Health of the State of Louisiana. Promptness of action in such cases cannot but result in the saving of valuable lives and in the preservation of very extensive property interests, and the affliction arising from strictly enforced quarantine becomes utterly insignificant, as it applies to the communities thus quarantined, when compared with the benefits resulting to the villages thus isolated, in the early stamping out of the disease.

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THE
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—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
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ORIGINAL ARTICLES.

DIPHTHERIA—A CASE.

BY A. I. SAWYER, M. D., MONROE, MICH.

Of all diseases which afflict the human race, not one, I think, has more, if as many, terrors to the physician, than that named at the head of this article.

And I might also add, no other has occupied more attention from the medical practitioner and health officer, by way of scientific investigation and research, during late years. And yet, I believe it to be an admitted fact that, so far as medicinal treatment is concerned, there is no other well known and clearly defined malady upon which the medical profession is so thoroughly at sea.

While some still advocate cauterization of the parts particularly affected, and discard all other medicinal treatment, others reverse the order and discard all local treatment, and depend wholly upon constitutional or general therapeutic measures. While others again, employ local agents simply as disinfectants, dissolvents or germicides, applied gently, while at the same time administering the carefully selected remedy, or, perhaps, the remedy which they have found by experience to give the most satisfactory results, without any special analysis of, or regard to, particular symptoms.

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There are those also who claim to have discovered a specific for this disease. As an illustration of this last class, I quote from the last number of the Philadelphia Record: "*A specific and prophylactic for scarlet fever and diphtheria.*" Dr. C. R. Illingworth thus writes to the Brit. Med. Jour. Oct. 30th:

"In your issue of May 1st you inserted a communication of mine relative to the biniodide of mercury as a specific for scarlet fever and diphtheria.

"That it is a true specific for the former, is proved by the defervescence commencing immediately upon the administration of the medicine, instead of upon the fifth day, and by the absence of desquamation in consequence. That it acts as a specific in the latter is shown by the rapid disappearance of the membranous effusion and reduction of temperature. The efficacy of the medicine depends, I think, upon the diffusible potassic iodide carrying the germicide biniodide to any portion of the circulation. Prescribed in this form, the biniodide of mercury has not, so far as I am aware, been used before for these diseases." This assumption of originality will amuse those veterans of homœopathy who have been using the remedy for more than thirty years.

Of course we have, here, as there ever have been in all departments of science or art, wild, unreasoning fanatics, who are a stumbling block to, and an incubus upon, the particular field they assume to represent or speak for.

For instance, there are those who advocate, and practice, the giving of dog's milk (*lac caninum*) as a remedy in this foul and deadly scourge, and that, too, in the proportion of one drop to a hundred thousand or million of water.

While it may be possible to imagine one so far lost to all the finer instincts of humanity, even while not really insane, as to be capable of quietly sitting by, and with an air of solemnity and assumed professional dignity, practicing such tomfoolery upon an ignorant but trusting neighbor's child until death relieves the little sufferer and thus closes the ridiculous but melancholy scene; yet, it is quite impossible to believe any

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one not actually bereft of reason, so possessed of astoicler indifference, not to call it by any worse name, as to be willing to practice such incomparable fanaticism upon his own flesh and blood. And yet, we are told that such is the fact, and that such physical and mental monstrosities do really exist.

In this article I shall not attempt to shed any new light as regards the etiology or pathology of the disease under consideration, as these subjects are already worn threadbare.

Neither will I assume to promulgate any new or pet theory as to the treatment that should be followed, but will simply report a case recently under my immediate observation and treatment, to indicate my own theory and practice in such cases; for which I offer neither explanation nor apology, except that it is the outgrowth of, and gleanings from, thirty-five years of close study and observation, and believed to be free from bigotry, egotism or cant.

If any beginner elects to follow the course indicated in the case I shall now detail, I trust he will not have cause to regret it. Suffice it to say, I have the satisfaction of knowing that, through it, my son, my only son, was snatched from the jaws of death, as it were, and restored to health and hope. Whatever others might do or may have done under like circumstances, I feel assured that *I* could not have saved my boy with any other course of treatment I have ever seen followed.

Besides, had the result been what all greatly feared, I would, at least, have had the satisfaction of knowing that Drs. Baldwin, Wood, and myself were in perfect accord as to the proper treatment to pursue, and therefore would have had no misgiving or remorse on that score. As it is, we feel like rejoicing and thanking God for our safe and happy deliverance.

CASE. Master Alfred I. Sawyer, aged fifteen years and nearly three months—well built, vigorous and very sprightly—dark hair and eyes, but light, fair skin. Was somewhat troubled with a feeling of chilliness and slight soreness in the throat on the evening of November the 22nd, 1886. Nothing was thought of, or said about it, though his mother put a

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compress on his neck when she put him to bed. When I reached home about ten P. M., she simply said "Allie says his throat hurts him, but I do not think it will amount to anything;" for this reason I did not see or give him anything. On the morning of the 23rd (the next day) I asked him how he was, when he replied, "I am sick," whereupon I took him to the light, looked into his mouth, and was greatly shocked to find a far developed case of what proved to be a most malignant case of diphtheria. I at once put him upon Belladonna 3d and Biniodide of mercury 2nd, repeated every hour, spraying the throat with a two (2) per cent glycerine solution of carbolic acid. This was continued until the morning of the 24th, (next day), with the exception that a six per cent glycerine solution of permanganate of potassium was substituted for the carbolic acid in the night at 1:30 A. M., as the exudation and coating of the fauces and tonsils seemed to increase rapidly, and the fetor had become almost intolerable. This application seemed to act promptly on the fetor and the spreading of the exudation, but it distressed him greatly to have it applied, although the application was made by means of a *de Vilbiss spray producer*, and I was obliged to desist for a time. I then substituted a glycerine saturated solution of boracic acid, applied with the spray producer. He also gargled his throat with lime water (aqua calcis) several times during the day of the 24th. On the morning of the 24th I found the fever much reduced, but the condition of the throat much the same as in the evening before, with the neck greatly swollen, and the breathing heavy and articulation quite indistinct.

I now omitted the Belladonna entirely, and for the Biniodide of mercury 2d substituted Mercurius cyanatus 6th, dose every two hours, and *returned* to the permanganate of potassium spray, but reduced the solution from six to two per cent; the lime-water gargle was continued. He also took fresh beef juice and fresh cow's milk and alcohol, a tablespoonful in a glass two-thirds full of water, of which he was to have a teaspoonful every two hours (absolute). In the evening a consultation was had with Doctor Newton Baldwin,

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of Coldwater, Michigan, and Prof. James C. Wood, of the University, upon which it was decided to return to the Biniodide of mercury 2d, continue the local treatment he was then on, and to put him on the following as nourishment viz.: one desert-spoonful of beef and milk peptonoids once every two hours; and a gill of good cow's milk, with the alcohol continued once every three hours. He had taken a little chicken broth now and then from the first; this was discontinued. During Thursday and Friday (the 25th and 26th), there appeared to be but little change in his condition, except that he seemed somewhat more cheerful, at times, though his strength perceptibly failed, and his breathing became more and more difficult and his articulation more and more indistinct; nevertheless, a change of treatment in any particular was not considered safe, and therefore none was made.

Saturday (the 27th) the swelling of the neck had very perceptibly diminished, and large quantities of diphtheritic and gangrenous membrane were now ejected at each application of the spray, but he complained of being tired and weak, especially when raising him up to feed him or to attend to his throat.

The permanganate of potassium now becoming intolerable on account of its irritating the abraded surfaces, causing more or less hæmorrhage each time, it was ommitted, and persulphate of iron substituted. I used a drachm of the persulphate of iron to an ounce of glycerine, applying it once in four hours (mostly with a fine camel's hair pencil), as that appeared less objectionable to the patient than the spray.

Towards evening on Saturday (the 27th) he began to cough; this increased as the hours advanced, and he was more or less delirious upon disturbing him for nourishment or treatment, his sleep being quite heavy. These and other apparent evidences of serious laryngeal invasion induced me to drop the biniodide of mercury and to substitute bichromate of potassium 3x. Dose every two hours.

We now apprehended serious septicæm a, but were happily spared that dire complication; for on Sunday morning (November 28th), although his throat was nearly closed up with

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diphtheritic exudation and disorganized tissues, when I used the *Per. Sul. of Iron* spray, a rotten mass, nearly an inch long and about as wide, came away, affording much relief, the little hero, looking up and with a surprised air, saying, "Papa, I can breathe better now!"

The treatment of yesterday was continued through the day; and in the evening a still larger mass came away, with corresponding relief.

After each of the large sloughs came away, the surface bled somewhat; this was promptly arrested by freely applying the persulphate of iron solution with a camel's hair pencil.

The sloughing continued through the night, large pieces of membrane being ejected. Upon each application to the throat, and on the morning of the 29th (Monday), there was but little, comparatively, remaining; still the surface was very red, sore, and extremely sensitive to the touch.

A teaspoonful of a 1-1000 glycerine solution of bichloride of mercury was now put in a glass one-half full of water, with which he gargled his throat once every two hours—omitting the application of the persulphate of iron; with this exception the treatment of yesterday was continued. In the evening the bichromate of potassium 3x was ordered given once in three hours through the night, and the bichloride of mercury gargle to be used each time before giving him nourishment, which was to be given once every three hours.

Tuesday, November 30th, all was propitious, and treatment continued.

Wednesday, December 1st, still improving; but had no appetite and was weak. Arsenicum album 6x was substituted for the bichromate of potassium. Dose once in three hours. The treatment of the day previous was continued through the day, with this exception.

In the evening, however, he did not seem quite as well, throat looked angry, and more coated than in the morning. A gargle of boracic acid was now substituted for bichloride of mercury. A tablespoonful of a saturated solution of glycerine and boracic acid in a glass one-half full of water. Other-

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wise the treatment of the day was continued through the night, except that he now had nourishment only once in four hours, and arsenicum album 6x once in four hours.

Thursday, December 2nd. We now considered him fairly convalescent, although it was two weeks before he had his clothes on, and therefore less exactitude was enforced.

However, the arsenicum 6th, once in four hours, and the boracic acid gargle before taking nourishment were continued for several days longer on account of great exhaustion and rawness of the throat.

The history of this case would not be complete were I to omit to give the hygienic measures employed to disinfect the premises and the articles used in connection with it.

In the first place, sulphur was freely burned, not only in the little patient's room, but in all the rooms and halls on the first floor, where he was sick. Second, all discharges were passed into a vessel containing a strong solution of sulphate of iron, and thrown into the water-closet, and carried off in a sewer, flooded from a tank above. This process was repeated at each evacuation, liquid or otherwise, without exception, during his sickness.

Third, every cloth he spat upon, was immediately cast into the grate-fire and burned.

Fourth, every instrument, glass, cup, bowl or what-not, used in addition to the above, was either thoroughly disinfected with a strong solution of sulphate of zinc or destroyed immediately after being used.

An additional gratifying circumstance in connection with this case is the fact that no other member of my household has had any symptoms of the disease, notwithstanding my wife and daughter were over him constantly, from the beginning to the ending of his sickness.

I attribute this immunity to the disinfectants so freely used, and to the other hygienic precautions practiced.

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URÆMIA—ITS CAUSES AND TREATMENT.*

BY PROF. D. A. MCLACHLAN, M. D.

It is not my purpose in the space of a short paper like this to consider all the various features and characteristics of the condition to which this name has been given, or to discuss fully its causes and course. This would be impossible. Still, anything bearing upon this vexed subject would be incomplete without some reference to the physiological production of the waste materials, which by their presence in the blood, from the failure of the kidneys to secrete or eliminate them, excite that profound disturbance in the human organism which we are about to consider.

Urea is the most important constituent of the urine, but under certain conditions it may also be discharged through other channels. It has long been regarded as an excrementitious principle. The theory of its formation is, however, even now a bone of contention among physiologists. It was at one time thought to be a result of *vital force*, but, as early as 1828, Wohler succeeded in preparing it artificially, and today, by a comparatively simple process, as perfect an article is manufactured by the chemist as is produced in the body.

The theory of Liebig (1845) that the amount of urea eliminated by the kidneys in a given time depends solely upon the amount of muscular exertion put forth, and bears no relation to the amount or kind of food taken in the same period, remained for a long time unquestioned by physiologists.

Later, however, thinking men began to criticize these assertions, and experimenters, among whom may be mentioned: Lehman, Parkes, Pavy and others, soon discovered that the quantity of urea and of uric acid depends largely upon the amount of nitrogenous food eaten. Lehman after a long series of experiments arrived at the following results. He says, "on a well regulated mixed diet I discharged in twenty-four hours thirty-two grammes of urea; on a purely animal diet,

*From a paper read before the State Homœopathic Medical Society, at Kalamazoo, May 8th, 1886.

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fifty-three grammes; on a vegetable diet, twenty-two grammes; and on a non-nitrogenous diet, fifteen grammes." Many experiments have been made to show that muscular exercise has no influence on the production of urea. In the New York Journal of Medicine, for March, 1856, appears a very interesting paper by John C. Draper, M. D., entitled "Is Muscular motion the cause of the production of urea," in which the author shows from a number of carefully conducted experiments that, as Lehman, Berzelius and others had already affirmed, "exercise does not increase to any extent the amount of urea in the urine."

Drs. Parkes and Haughton (1867) claimed to have proved this. Fick and Wislicenus (1867) also endeavored to show that, in an ascent of one of the Alpine peaks, made upon a non-nitrogenous diet, the muscular exercise caused an actual *diminution* in the amount of urea excreted.

Other experimenters have shown that muscular exertion increases the amount of carbonic acid exhaled, and upon this point physiologists are agreed.

Hence, although Dr. Austin Flint, jr., in his very elaborate series of observations upon Weston, the pedestrian (1876), found a marked increase of urea in the urine during the five days of the walk, the pathological condition induced by the excessive and continued physical strain was undoubtedly the real cause. For we are told that "he could not see the track, and was taken staggering to his room, etc." The muscular tissue in this case was probably disintegrated, and urea increased just as occurs in certain diseased conditions.

The excretion of urea is affected by anything that affects digestion. If the food is not digested, it passes off as fæces, hence not much urea is formed, and the amount in the urine is lessened. If the process of oxidation is retarded, the less highly oxidized substances, uric acid, xanthin, etc., take the place of urea. The quantity of urea is increased in the consumption of muscular tissue by the heat of fever, and decreased in the last stage of structural disease of the kidneys, being retained in the body after it has been formed.

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In some diseased conditions it seeks other avenues than the kidneys for escape, as by the bowels in cholera, by the skin in renal diseases, etc.

Its production in the body is both a natural and a necessary process, but its accumulation in large quantity in the blood produces serious, and often fatal, disturbances of the nervous system, such as we see in the convulsions and coma of uræmia. Urea may be in excess as compared with the amount of water, or there may be an actual excess in the amount for twenty-four hours. In the former the specific gravity is high. We determine the excess by the addition of an equal volume of nitric acid on a glass slide, when, if the urea is in excess, crystals of nitrate of urea will be formed. We decide as to deficiency by evaporating the urine one-half and repeating the process.

As early as 1821 Prevost and Dumas determined the existence of urea in the blood by extirpating the kidneys in living animals, and this was confirmed by others later on. Still later, Wurtz found it to exist in even greater quantity in the lymph and chyle. These facts have led physiologists to conclude that the excrementitious principles found in the urine are not formed in the kidneys, but are produced by the general process of disassimilation, are taken up from the tissues by the blood, and merely separated from the blood by the kidneys. By removing the kidneys of living animals it has been further ascertained that when the function of the kidneys has been interrupted or destroyed, the elimination of these excrementitious substances of the urine is assumed and maintained by the lungs, skin and alimentary canal. When after a few days this vicarious effort has failed from any cause to effect their complete removal, the poisonous matters accumulate in the blood, and the peculiar manifestations of uræmic intoxication are developed.

Animals operated upon in this way live for a time without showing any marked disturbance. After a few days, however, the gastric and intestinal fluids become arrested, probably from the irritating effects of ammoniacal decomposition of their contents, and then they die from uræmic convulsions followed

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by coma. Bernard has found that the only disturbance presented by animals from which both kidneys had been removed, was that during several days following the operation they vomited, and passed large quantities of liquid from the intestinal canal. During this time the blood did not contain an abnormal amount of urea, but the gastric and intestinal secretions were found to be highly ammoniacal. Hence he concludes that the increased secretions of the digestive tract in nephrotomized animals is an effort on the part of the system to eliminate urea, which is there decomposed by contact with these fluids into carbonate of ammonia. This theory is sustained by the fact that if urea is introduced into the intestines of living animals, it is almost immediately changed into the ammoniacal salts. Others have shown that urea injected into the veins of a healthy animal simply acts as a diuretic and is speedily eliminated; but when the same process is repeated in a nephrotomized animal, death soon takes place with the characteristic symptoms of uræmic poisoning.

The term uræmia properly signifies the presence of *urea* in the blood, but as urea is not the only offending substance, it has been extended to include also the complexus of symptoms due to the presence in the blood of any or all of the excrementitious substances which it is the function of the kidneys to remove. Various theories as to the cause of uræmic intoxication have been urged. Whatever the differences of opinion as to the real agent, all agree that the condition is due to the retention of the urinary constituents, either from insufficient secretion or from imperfect excretion. In the former case these ingredients of the urine are not separated from the blood, and in the latter the excretion of the urine has been prevented, and resorption has taken place. Christison, followed by Hammond and Richardson, maintained that the retention of *urine* was the cause. Traube propounded the theory that it was due to *œdema* combined with *anæmia of the brain*. He supposed the œdema to be brought on by the action of a hypertrophied heart, which so often is found in chronic renal difficulties. This position, however, has since been shown to be wholly un-

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tenable, the brain being found after death in many instances to be perfectly dry. Frerichs held that the poisonous agent was really *carbonate of ammonia*, formed in the blood by the decomposition of urea. Subsequently, Freitz advanced the idea that the carbonate of ammonia was not produced in the blood but in the stomach and intestines, where, a vicarious excretion of urea having occurred, and having been decomposed by the intestinal juices into carbonate of ammonia, it was afterwards reabsorbed into the blood. This theory, so widely adopted at one time, seems now to be universally abandoned. Feltz and Ritter ascribe uræmia to the toxic action of the *potash salts* of the urine, but recent observers appear to have fallen back upon the older and simpler theory that the symptoms of uræmia are due to the presence of *urea* as well as the *other constituents* of the urine and the hystolytic substances, xanthin, creatine and creatinine, etc., in the blood. Inasmuch as these several substances are capable of producing disturbances of this kind, it seems wiser to include them all, and to refer the condition to the retention of one or all of the toxic urinary constituents.

Time will not permit a consideration of all the manifestations of uræmic poisoning, hence I will confine my remarks chiefly to the acute form, which occurs in those renal affections characterized by sudden diminution or suppression of the urine. The onset of acute uræmia is usually marked by sudden, violent headache, vertigo, disordered vision, nausea and vomiting, and twitching of the facial and other groups of muscles followed by convulsions of an epileptiform character. Coma, also, is likely to follow the convulsions, and from this the patient may make a complete recovery or, as is more often the case, there are a number of paroxysms at longer or shorter intervals during which he is comatose until death occurs or until relieved by vicarious discharges or the re-establishment of the renal functions. Other cases occur without convulsions in which the patient passes rapidly from a state of somnolence into profound coma. These are characterized by extreme pallor, dilated pupils, slow pulse, heavy stertorous breathing, and general muscular relaxation.

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By far the larger number of cases, however, are not distinct, but partake of both the convulsive and comatose forms. Various prodromata precede the attack, as headache, drowsiness, vertigo, dragging pains in the extremities, nausea and vomiting, etc. Wagner also mentions that the pulse often falls to 60, or even 40, per minute. The convulsive seizure is usually in nearly every feature epileptiform, the prodromal symptoms being followed suddenly by amaurosis, pale face, and rigidity of all the muscles of the body. Very soon this gives place to clonic spasms. The facial muscles begin to twitch, the eyes roll in their sockets, and the limbs are thrown violently about. The face is livid, lips blue and covered with froth, often bloody, from wounding of the cheek or tongue which is caught and chewed as the teeth grind together, the superficial veins are swollen, and respiration extremely labored or arrested for the time. The urine and fæces often pass involuntary, as in epilepsy. Soon these terrible manifestations subside, and the subject of them passes into a deep sleep, from which he rouses after a time with a surprised or dazed expression, entirely oblivious of the affair through which he has just passed. He now enters upon a distinct interval of an entirely normal state, or another paroxysm sets in before the insensibility has entirely passed off, and thus from ten to fifty may occur in succession. If the condition is prolonged, the breath has often the characteristic fetor of urine, and the lips, gums and tongue are covered with sordes. According to Fagge, the temperature may rise several degrees and the pulse remain rapid while the spasms continue. Afterwards, both the temperature and the pulse return to the normal, or even below. Patients often recover even after a large number of fits, and a single paroxysm seldom ends fatally. The case of a woman is recorded however, who died in Guy's hospital, in 1862, within seven minutes from the commencement of uræmic symptoms. Uræmic paroxysms have been observed which were not accompanied with insensibility. Roberts cites a case in which the paroxysms coincided with the menstrual period, and in which consciousness was not lost. Bright, in "The

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Guy's hospital reports" for 1840, also relates an instance of this kind in which for two days before death there occurred a series of uræmic convulsions, and yet the mental faculties were perfect to the last.

Amaurosis is one of the most remarkable effects of uræmia, and not infrequently occurs with the epileptiform seizure, the patient finding himself blind on regaining consciousness. It is bilateral and nearly always complete. The pupils may be widely dilated, and generally still react more or less to light; sometimes they are inexcitable. The ophthalmoscope reveals no organic change in the eye, and it almost invariably happens that this alarming symptom rapidly subsides, so that in the course of a few days at most the sight is restored.

"It is a marked feature of uraemic phenomena that those which are of a paralytic nature affect the sensorium and the special senses, but not the voluntary muscles, while those of an opposite kind (exalted irritability) affect the voluntary muscles, but not the sensorium. Delirium is rare, while coma is frequent; paralysis of the limbs is scarcely known (unless there be some anatomical lesion of the brain superadded), while convulsions are frequent."—Roberts.

The epileptiform type of acute uræmia more often occurs in the nephritis of scarlatina, cholera and pregnancy, and is not so uniformly fatal as the phenomena of the chronic form. The conditions most likely to be mistaken for this disease are: apoplexy, epilepsy and narcotic poisoning. Cases of the acute form are almost always preceded or accompanied by marked diminution or suppression of the urine, and this, if known, would be sufficient in itself to excite our suspicion as to the real nature of the difficulty; but in every case of convulsions or insensibility not explainable by known conditions, the urine should at once be examined. If no urine has been preserved, some should promptly be obtained by the use of the catheter, and if urea is found to be deficient or absent, measures must at once be taken to remove the morbid material from the blood. Since the disease is due to retention in the blood of excrementitious matters, which it is the duty of the kidneys

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to eliminate, the obvious indications are to establish again the normal function, and, failing in this, to obtain temporary relief by some mode of vicarious excretion.

No one who is at all familiar with the old-school treatment of this dangerous affection can fail to be impressed with the meagreness of their therapeutics, and yet even there we find advocated some auxillary measures which we cannot wholly disregard; especially when we realize, as we all must, how comparatively powerless we are when brought face to face with this exceedingly profound and often rapidly fatal condition. In most cases we are called upon to act with promptness and precision, and woe to the luckless patient if through mistaken or distorted judgment we fail, by doing either too much or too little—by doing something positively injurious or doing *nothing at all.* Fortunately we possess in our armamentarium means of relief for many of the lesions that give *rise* to uræmia, when prescribed according to our law of cure. Among them we will notice a few which would not only lead us to expect great things of them from their action upon the healthy human system, but which have also been proved clinically efficacious in this disease.

The striking similitude between Belladonna and the paroxysm of acute uræmia has been noted and acknowledged by all observers, both as to convulsions and coma. Dr. Richardson relates the cases of two children who were poisoned by belladonna berries, in which the symptoms closely resembled uræmic coma sequential to scarlatina; the insensibility was complete and the pupils strongly dilated. Hempel and Arndt give the following indications for its use in irregular convulsive paroxysms, such as puerperal convulsions and epileptiform seizures: —"Cerebral congestion, bloating and redness of the face, protrusion and suffusion of the eyeballs; dilatation and insensibility of the pupils sometimes alternating with extreme contractility. Coldness of the hands and feet, and a small, jerking, hurried and perhaps intermitting pulse." Hughes says "it causes either diuresis or—if the dose be large—congestion and stasis, with diminution or even temporary suppression of

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the urine." Its chief mode of action is through the cerebro-spinal nervous system, and in cases marked by cerebral hyperæmia or when sopor is a prominent feature, belladonna will be found to be one of the most important remedies.

Cantharides and Terebinthina vie with each other in uræmia induced by acute nephritis. Hughes says, in comparing them, that the former acts upon the secreting tubes, causing profuse desquamation, and the latter upon the Malpighian bodies, causing congestion, suppression, or hæmaturia. Both excite strangury, but in the nephritis of scarlatina cantharides is to be preferred. Terebinthina will be found to be better adapted to those cases resulting from cold.

Mercurius corr. is another very useful remedy in acute inflammatory suppression of the urine, and the more chronic forms are by no means beyond its reach. Its action, like Cantharides, is largely upon the secreting structures of the kidneys. In my own experience no remedy has served me more faithfully, especially when the inflammation had involved the structures lower down, than this one in the sixth to the twelfth attenuations.

The benign effects of Apis and Hellebore, in acute nephritis and dropsy, are so well known to us all, that I need not dilate upon them. In post-scarlatinal dropsy I have used them, time and time again, the former more often, and I am glad to be able to say with *uniform success*. The characteristic indications for their use are quite different, but the result is the same—relief in almost all cases.

Of the newer remedies, Apocynum cann., Stigmata maidis, Convallaria, Adonis vernalis, etc., not enough is known at present to enable us to decide as to their usefulness, though their rapid adoption by the profession gives evidence that in those uræmic conditions following or accompanying cardiac difficulties, secondary to renal diseases, with their attendant dropsy, they are likely to prove very valuable.

Many other remedies have good repute in this affection, but they are so well known and understood that their mention, in this convention, is quite unnecessary.

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As I have already intimated, there are certain auxillary measures that may prove of incalculable service in contending with the most serious type of this disease, and which we in justice to our patients cannot conscientiously ignore. We have already seen, in considering the physiology of urea, that, when from any cause the kidneys have failed to perform their normal function in eliminating the waste products of disassimilation, efforts are at once instituted to effect their removal by vicarious excretion through the skin and alimentary canal. We have also seen that in this way nature's efforts were so far successful that for a time no disturbance whatever was created, even in the absence of both kidneys. To make sure that there is no retention of the urine, the catheter should be used as often as is found necessary, and when violent convulsions have set in the use of anæsthetics or anodynes may be rendered imperative in order to control them and gain temporary relief, during which therapeutic means may be employed. To stimulate the kidneys to renewed action, poultices and fomentations applied to the renal region are generally serviceable, while the hot water bath, wet pack or the vapor bath will often induce free and copious sweating, and thus supplement the action of the nearly disabled kidneys. Especially where more or less dropsy is present, will the baths be found useful.

Diuretics, diaphoretics and hydragogue cathartics have long been employed in the old school, in the treatment of uræmia as well as in nephritis and other conditions which induce it, but their results, in the absence of sound therapeutics, have never compared favorably with our own. Within a few years, however, a powerful diaphoretic has been added to the pharmacopœia, which so far surpasses anything hitherto known, in every feature of its administration as well as in the results obtained, that it would seem reprehensible in any one to fail to take advantage of it in those apparently hopeless cases in which the blood appears to be literally loaded with the effete materials. I refer to pilocarpine, the active principle of jaborandi, of which from one-twentieth to one-sixth of a

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grain may be administered hypodermically or twice this amount by the mouth. Fagge recommends one-sixth to one-third of a grain hypodermically in adults, and J. Lewis Smith from one twentieth to one-fortieth of a grain in children. The latter cites a number of cases of post-scarlatinal dropsy in which its effects seemed truly wonderful and beneficent; and Leyden reports a case of diphtheritic nephritis in which the urine rose from half a pint to five pints daily under its use. Cases may be met with, so urgent as to require also the use of hydragogue cathartics, and of these probably elaterin, in doses of one-sixteenth to one-fourth of a grain, is the best. The MEDICAL COUNSELOR of April 15th, 1884, contains a very interesting and instructive account of such a case, by Prof. J. C. Wood. The patient, a boy of 17 years, suffering from post-scarlatinal dropsy and uræmic eclampsia, made a good recovery after having had, in all, forty-five convulsions. While we would not think of using it in the treatment of nephritis or in those conditions producing uræmia, it is difficult to see how we can be justified in *not* using it in those cases in which the kidneys are overloaded, the urine suppressed, the skin inactive, the bowels constipated, and all the ordinary means have failed to prevent the impending fatal issue. Thanks to our system of therapeutics, we are not frequently called upon to face the grim monster in this particular garb, but when we do meet it thus, let us be able and ready to resort to every known human expedient with which to combat it in this too often unequal fight.

TUBERCULAR MENINGITIS.

BY CHAS. S. MORLEY, M. D., PONTIAC, MICH.

It is quite natural to accept the seeing and feeling of personal experience in preference to the dictum of professional "*Authority*,"—for, after all, the *facts* are the only source of authority in science; and this old-time method of knowing the facts has not been outdone in our day.

Whenever in medical literature it is vaguely hinted or

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positively stated that cases of tubercular basilar meningitis have fully recovered, the natural bias of the mind trained in the methods of observation challenges the conclusion by attempting to show incompetency in the diagnosis, thus leaving the reporter in the uncomfortable position of regretting that his case is unsupported by *post mortem* proofs.

In order to properly study a case of tubercular meningitis, every detail of the slightest relevancy should be recorded; but in a case where the observation beginning at birth and extending over a decade has been made with that accuracy which is so desirable—to say nothing of the daily observations for nine consecutive weeks—it would simply be an imposition to attempt to detail the clinical minutiæ of the following case:

Flora C——, born 1877, of healthy American parents, in a labor about term, precipitated by fright—a big black dog having jumped into the open window at daybreak, upon the bed occupied by the mother.

The child was always afraid of anything black, and as she grew to experience the emotion of terror, she became a poor sleeper at night, and often related strange fancies that disturbed her day-sleeping. Flora was an extremely "nervous" child, and at the least "cross" became furiously excited, when there was an expression of terror upon her countenance, beyond description. Afterward there came exhaustion and severe headache, with nausea, vomiting, occasionally epistaxis, which passed away by sleeping.

Physically, she was slender, delicate, with small lax muscles of the chest, neck and arms; "large at the stomach": prone to affections of mouth, arms, nose, eyelids and vulva.

Dec. 14, 1880.—Flora had an ephemeral eruption which lasted two days and disappeared, so that two or three days afterward she rode on a log-sled with her father, and seemed to "take cold."

I was called Dec. 20. Temp. 104.8° F., in the axilla; P. 160, irregular; throbbing carotids, pupils dilated, face pale, anxious, with an "old" expression. Cough with gagging and occasional epistaxis; churning motion of the mouth.

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Dec. 31.—"There is a tendency to paralysis of the right side"; "limps when attempting to walk." Divergent squint of the left eye. "Suggillation around left orbit." Constipation with "receding stool," headache, "cold spells" felt only in the right side. Pain in occiput, in temples and eyes; weakness of cervical muscles.

March 31, 1881.—"Flora is well and has fleshed up fresh and fair."

Lachesis[200] and Silicia[30] were the remedies continued about fourteen months, at infrequent intervals; the latter removed the most important symptoms. (The mother had given Calcarea carbon. and many other remedies, before I was called.)

In January 1884 Flora lost flesh, became restless at night, had hacking cough, and grew very irritable.

When asleep, her mother sometimes could hardly tell whether she breathed, or not; while at other times she breathed hard and rapid. Again, the pulse often fell below 50 beats to the minute, and soon after might be counted at 160, and upwards.

Called Feb. 8.—Has been sick two weeks. Temp. 104°, P. 160. Pain in the head intense, occipito frontal; infrequent cough, with vomiting or epistaxis, the same as in previous sickness.

March 5.—"The following are the prominent symptoms present during the entire time of her sickness, varying only in degree. Sleepy, but cannot sleep at night. About daybreak she gets quiet, less moaning, less grinding of teeth; then she sleeps sound all the morning, when she suddenly screams and awakens with flushed face. Moaning, urgent thirst for cold water and desire for everything she can think of to eat until two o'clock p. m. Refuses all food after it is brought to her, and talks of death, but says a little food makes her stomach feel better. There is irregular, slight chilliness; partial sweats which "smells like rotten cabbage"; offensive breath and urine; urine has been scanty, but now is limpid and profuse, at times containing a little sugar (not over one per cent.), but more than a trace. Symptoms appear mostly after sleep. She is

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worse when spoken to directly, but better from diverting the mind.

March 10.—The nights are horrible; the child bleats continually protruding the tongue; there is automatic constant motion of the left arm and leg, with loss of motion and sensation in the right arm and leg. Child abusive, profane and obscene. (She has been carefully reared.) Constipation, *obstinate*, emaciation *extreme*, four anal fistulæ. Support by nutritive enemata.

March 13.—Sight has gradually failed, until she is now nearly blind, and her hearing is failing. The eyes are rolled up so that nothing but the conjunctivæ are visible. The case is desperate. Nothing seems to quiet her during the nightly excitement, but she lies like one dead for the other twelve hours.

℞ Potass brom.
Chlor. hydr. aa ½oz
Extr. Cannab. ind.
Extr. Hyoscyam. aa 1dr.
Elix. Splcs. 2oz.

A teaspoonful to be added to enema; repeat every three hours, if needed.

This simply soothed, without decided hypnotic effect, and only required to be given twice the second day of its administration, and not afterward, from March 15th to 25th. She lay comatose, with absolute blindness and deafness, as far as could be judged. Sphincters were paralysed.

In the first instance, as regards diagnosis. I was fearful, on account of bodily constitution of tubercular character, but upon final recovery concluded the case must be simple and circumscribed inflammation at the base.

In this later sickness, the gradual onset, the "boat" abdomen, constipation, vomiting, cough, retarded pulse, and respiration, as well as the peculiar cry (cri hydrocephalique) the tache cerebrale, the disturbance of nearly all the cranial nerves in a perfectly characteristic manner; the extreme emaciation, by which there seemed nothing but skin and bones left; and finally the *effusion*, which, strangely enough, yielded to a

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fresh tincture of Apis, after resisting 3x triburations,—what could the diagnosis be in a case, which, in its various stages, presented nearly all the pathognomonic symptoms of tubercular basilar meningitis?

The patient gradually regained complete consciousness about April 1st, and rode to my office, nine miles, on the fourth day of July. Phosphorus[30] was the main remedy from March 25th, for one year, with Sulphur[200], Silicia[200], and Calcarea carb[200], as a single dose prescription. Under this, the sight and hearing returned, and the eye cleared up.

J. D. Munson, M. D., of the Eastern, now of Northern, Asylum, saw her in consultation, as did Prof. S. A. Jones, M. D., each confirming the diagnosis of tubercular meningitis.

Dr. Munson saw the case about one year after recovery, and still thinks the diagnosis correct, and believes it probable that she will eventually die of tubercular meningitis.

For my own part, I have no doubt of the presence of basilar meningitis, and cannot help thinking, from quite a large experience in the post mortem investigation of such cases, that the lesions were similar in character to those I have repeatedly seen, in which no distinct tubercularisation was discoverable, but where the pia was opaque, and spots of opacity (not lymph) over the sheaths of the optic, auditory pneumogastric, etc., etc., existed with effusion into the ventricles.

However, we should not forget that the special symptomatology of simple and tubercular meningitis are identical.

The question then arises, is there a diffuse tubercular inflammation without the formation of, and not secondary to, tubercle? If this is true, is it not possible that here, and elsewhere, Phosphorus may determine the difference between life and death?

And perhaps it will be worth while not to depend too closely upon vaso-motor remedial agents, and thus lose valuable time, but at once prescribe such medicines as Phosphorus.

As much as I dislike to prescribe hypnotics, I must say that in this disease, where so little is to be hoped for, it is our

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duty to relieve. Chloral in nutritive enemata is perhaps as efficient and safe as anything, and I regret not having employed it earlier in this case. At this writing Flora is very well.

TOPICAL APPLICATIONS IN DISEASES OF THE EYE.

BY HAROLD B. WILSON, B. S., M. D., ANN ARBOR, MICH.

It is not my purpose here to discuss the whole question as to how far we, as homœopathic physicians, are justified in resorting to local applications in the treatment of disease. Such a discussion might be valuable, and would surely be interesting, but it is a question hardly to be settled by discussion; its final settlement must be made at the bedside, which is the crucible in which all of our therapeutic theories are tested and purified. I desire simply to call your attention to the nature and extent of the topical applications in common use by the oculists of our school.

There may be many general practitioners, and even a few specialists, in our profession who discard the use of what are termed adjuvants, and who rely solely upon the internal administration of the indicated remedy. On the other hand, there is probably not a homœopathic oculist to be found, who does not resort to these accessory means, more or less frequently.

The whole materia medica is continually being searched for new drugs in ophthalmic therapeutics, and not a few of these find their way into the eyes of a suffering public. And while we neither endorse nor adopt the entire list of external remedies employed by the old school, there is a goodly number of such drugs that have found an apparently permanent place in our own materia medica. For instance, in a recent work upon diseases of the eye, by a homœopathic writer, over thirty remedies are recommended as topical applications, although not much over a dozen of these are in ordinary use; these are about as follows: Tannin and glycerine, boracic acid, zinc sulphate, sodium chloride, copper sulphate, alum, atropine, duboisia, eserine, mercuric nitrate, yellow oxide, carbolic acid, and silver nitrate.

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The fact is, that it is not a question whether we shall adopt thirty topical remedies, a dozen, or only one; but rather whether, or not, we shall use any of them. Here is where we must make some sort of a stand; the other questions are secondary to this.

Hahnemann says, "It is not proper either in acute local affections of recent origin or in those which have already existed a long time, to make any topical applications whatever to the diseased part, not even a substance which would be homœopathic or specific if taken internally or to administer it simultaneously with the internal medecinal agent." If we so interpret this as not to forbid the use of mechanical agents, we allow ourselves mydriatics in iritis and myotics in glaucoma, but little if anything more, hardly, I think, even hot clothes or pounded ice. But the use of many agents besides these, being a widespread custom among men who were primarily homœopathists with all the resources of homœopathy to aid them in their work, and only afterwards oculists, is a reasonable demonstration of their usefulness, and we must either modify Hahnemann's advice, discard it altogether, or demand its proofs.

If we say that those substances having a homœopathic relationship to the disease, and those only, may be used locally, we by no means effect a satisfactory compromise, for by far the greater number of those remedies named above have either no pathogenesis at all, or none that are relational to the diseases in which they are employed. So we are forced to this declaration: either we are right in our practice of using external applications, and Hahnemann was wrong in his opinion, or else he was right, and we are wrong. At present the burden of proof lies with the latter alternative, for it is by no means possible to demonstrate that remedies taken into the system at the point of local disorder, suppress, but never cure, for this would be an unphilosophical limitation of the avenues by which disease may be reached, and we cannot say that a local remedy expends all of its therapeutic force at the point of application.

It would no doubt be considerable satisfaction if we could

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prove the homœopathic relationship of our applications to the diseases in which they are curative, notwithstanding Hahnemann's opinion on this point, for then we could feel that our law of cure furnished us with an explanation of their action, and a justification of their use. In some instances this is easy enough. Thus, the common use of a solution of table salt as a wash for the eyes when they become congested from bright light, strain or exposure, finds its explanation in the recorded provings of the drug. Thus we have among the symptoms of natrum muriaticum: redness of the margins of the lids; lids red and burning, especially in the evening while reading; lachrymation in the open air; redness of the whites of the eyes, with lachrymation; the eyes give out on reading or writing; sensitive, dry sensation in the eyes as after weeping a long time; burning in the eyes, with increased secretion of mucus; smarting pain in the eyes, etc.

Similarly, argentum nitricum contains many symptoms in its pathogenesis to direct its application, for example: intense conjunctival congestion, swollen lids, profuse mucous or muco-purulent discharge, with little pain.

I have touched upon these two remedies because there is a general tendency in our school to admit as local applications such remedies as would be indicated for internal administration.

But what are we to say about the uncounted majority of the drugs actually used, the employment of which is purely empirical? It might be a hazardous statement to say that so long as they locally cure, their provings, if developed, would give us the similia to the diseases in which they relieve, and if it was not found to be the case, then their action was not curative. It might take more than mere assertion to convince us of the truth of this statement.

We use drugs because they cure, rather, I think, than because they do so according to any particular law. That is, the result is more important than the means. And while we are proud of having a "science of therapeutics," there is still just enough uncertainty left in this science, or enough im-

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perfection in our knowledge of it, if you will, to impress upon us the necessity of sometimes resorting to means not obviously within its domain, in order that we may best fulfill our professional mission, which is "to heal the sick."

It is a noteworthy circumstance that as the members of our school adopt certain specialties, they become more accustomed to join outward applications with internal remedies, and they do so mainly because experience teaches them that it is thus that they can secure the best success. They may be partially influenced to this practice by custom or by their patients' demands, but the more powerful reason undoubtedly is that they can cure more cases by so doing.

The common habit of giving inward and outward remedies at the same time, of course, throws some doubt as to which is due the credit of the cure. Sometimes we can decide, however, for if we compare the successful treatment of two cases of trachoma, one under old-school hands, with such constitutional remedies as iron, quinine, strychnia, or cod-liver oil, the other under homœopathic hands, with the internal administration of some appropriate antipsoric, but both with the daily application of pounded ice, and tannin, and glycerine, we are forced to the conviction, on purely logical grounds, that to the common remedy is due the credit of common relief. He who has ever seen a case of conjunctival hyperæmia vanish under some mild astringent, or who has tried the most carefully selected remedies in a case of catarrhal conjunctivitis, with little success, only to find that a few applications of zinc sulphate and sodium chloride sufficed to bring about a rapid disappearance of the trouble; or who has seen the rapid improvement in a bad case of ciliary blepharitis under the daily inunction of yellow oxide and vaseline, will hesitate in denying their value as remedial agents.

It remains to be proved, so far as ocular therapeutics is concerned, that all diseases which have been relieved by outward applications have disappeared only to react prejudicially upon the system elsewhere, and while it would be unwise to declare that the progress of science may not at some future

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time show this to be the case, it is meanwhile impossible to deny the service which these outward applications are proved to render under the present limitations of our knowledge or ability, and we are obliged to maintain that whatever we may hereafter be able to do, we cannot now dispense with therapeutic measures which, experience has taught us, are capable of rendering us so much service in the practice of our profession.

NOTES OF SEASIDE SUMMER PRACTICE.

BY PROF. JOHN C. MORGAN, M. D., PHILADELPHIA.

The number of cases of acute brain troubles which have occurred to me at the seaside seems remarkable; for I think I have not failed to meet them during any active season. Some of them are due to the congregation of infants sent to the coast from cities on account of disorders of dentition; others as the result of mechanical injury; still others occur in older persons.

Case 1.—Babe B——a fine boy of six months—was treated for diarrhœa by an old-school physician who probably gave too much morphia. I was called, and found him very much prostrated and heavily sleeping; the diarrhœa suppressed, respiration irregular and feeble; pulse weak and frequent.

Prescribed, simply as a brain tissue remedy, which Dr. Schuessler has shown it to be, *Magnesia phosphorica*, 30th centesimal dilution, in water, every two hours.

Six hours later, I again called, doubting if I should see the child alive. I was greatly pleased to find the little fellow improved, bright, able to nurse, and the bowels moderately moved. The medicine was continued—every three hours. The next day, no narcotism remained (query: did it simply wear itself out?)—the diarrhœa was slight, strength and intelligence good. After a day or two more, under the same medicine at lengthened intervals, he was well.

Case 2—Occurred in the city. John B., aged two years—colored; teething, inclined to fat, having large, brilliant eyes,

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was taken with convulsions early in the morning. In the fits, dilated pupils, jerking, aggravated by every impression upon the senses. In the intervals, starts at every sound; excitable.

Gave *Belladonna*, 200, several times, at short intervals, without effect. Then, remembering Schuessler, and also Dr. Hering's advice to give his remedies when clearly indicated drugs fail, prescribed *Magnesia phosphorica*, 12x, in water, at five minutes, intervals, with immediate cessation of the spasms, and rapid calming of the excessive sensibility and excitability, and prompt cure, (lengthening the intervals of the medicine as improvement progressed.)

Case 3.—Mrs. H——, aged 70 years, of "Pennsylvania Dutch" extraction, and of swarthy complexion, was a guest of the same hotel in which I sojourned, last August. Had double cataract, now ripe in one eye, and since the preceding autumn had had four attacks of apoplectiform unconsciousness, particularly at night—which her family physician (o. s.) had successfully treated, principally with Bromide of Potassium, as I learned from her daughter. (I judged that they were uræmic). Since that period, the latter had always slept in an adjoining room, with the intervening door open, occasionally calling to her mother, to make sure that all was safe.

August 5, 1886. At 4 o'clock, A. M., the daughter observed that Mrs. H. was breathing very heavily and irregularly, and occasionally snoring loudly. Taking alarm, she went in, called to her and shook her, but failed to arouse her. I was immediately summoned, and learned that at supper time she had partaken very freely of clam-fritters. It became a question, of course, whether an emetic was required; but my experience is that when the similimum is given in *any* case of indigestion, nature proceeds at once to take care of the offending material in the best way, sometimes by its ejection, by the mouth or anus, sometimes by quietly dissolving it.

Prescribed *Opium*, 200, in repeated doses. She was soon after able to speak, and to rise and pass water. (Doubtless, I should then have withheld all medicine, but did not.) She

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remained stupid, and epileptiform spasms supervened. Later, observing that the breath was somewhat fetid, and remembering one of my cases with that symptom cured by *Mercurius vivus*, I gave that remedy—also in the 200th, but with no good effect; indeed, the convulsions grew worse.

Gave, now, *Kali bromatum*, her former remedy, being satisfied of its similarity, thus—dissolved one grain of the crude crystals in one fluid-drachm of water, and put five drops thereof into a half-glassful of water; one teaspoonful, at 20 minute intervals.

At the same time, I procured some of her urine, which I suspected of being albuminous, and boiled it in an iron spoon. A small amount of precipitate resulted, but I regret to say that I could not procure the counter-test with nitric acid, and did not apply it; therapeutics, for the nonce, overshadowed all other issues, and the family in their trepidation utterly neglected any repeated requests for another specimen of the urine. Everybody in the house, indeed, made sure of a funeral.

After the lapse of an hour, no change was visible, and I found the pulse hard and frequent, with an elevated temperature. This I always regarded as a natural sequence of convulsions, corresponding to the fever following a chill—just as we often see in severe cases of scarlatina, etc., at the beginning. The symptoms seemed now to indicate *Veratrum viride* (which I know to be efficient—if it be the similimum,—in dilution). In this selection I was fortified by Dr. J. R. Tantum, of Wilmington, Delaware, in consultation. It was not given, however, for at 4 P. M. the old lady aroused from her stupor, looked about her, inquired why she was in bed at such a time of day, and what was the meaning of all the paraphernalia of sickness which she saw about her—wanted to get up at once, etc. She was told that she had had one of her "spells," and must remain abed. She took some liquid nourishment, and soon fell into a normal sleep, with interruptions.

Improvement, in every respect, went on rapidly—and two days after, she walked out to the piazza to view the ocean, and

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the next day came to the dining room, to the agreeable surprise of all.

A cataract operation on one eye, by Dr. Risby, in October, resulted in partial suppuration, and closure of the pupil by psendo-membrane.

Case 4.—Since returning to the city, another appropriate case for the same remedy occurred. I shall be pardoned if I append it here.

Mr. Chas. T., aged 60 years, by birth an Englishman; of delicate complexion; subject to diarrhœa, for which he was in the habit of taking Paregoric.

September 26, 1886. On the previous evening had diarrhœa, for which he took, as usual, a teaspoonful of Paregoric. Early in the morning he arose and dressed, but it was noticed that he soon after became stupid, as if dazed; and this merged into complete apoplectic unconsciousness. I handed the messenger who called me, in advance of my visit, a powder of Sach lac., moistened with an alcoholic dilution, 3x, of the same lot of Kali bromatum, to be dissolved in a half-glassful of water—one teaspoonful every 20 minutes.

On my arrival I learned that the stupor became less profound after the first dose, and now, since the second, he was sitting in an arm-chair, apparently asleep. No albumin appeared in his urine, which I duly examined. Whilst I was conversing with his friends, he opened his eyes, recognized me, and pleasantly said to me—"oh, doctor, good morning!" I enjoined quiet, and the repetition of the medicine three or four times during the day; more rapidly in case of relapse, which was done at about 6 P. M. Thereafter, he was well. In both of these cases deep, but normal, sleep followed the use of this drug.

The students of the New York Homœopathic College recently played a game of base ball with the students of the College of Physicians and Surgeons (allopathic) and came off victorious. The Chicago *Medical Times* wants to know if this can be called "a triumph of mind over matter."

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THE
MEDICAL COUNSELOR
—AND—
MICHIGAN JOURNAL OF HOMŒOPATHY.
"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"
H. R. ARNDT, M. D., - GENERAL EDITOR.

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EDITORIAL.

During a recent meeting of one of our Western Medical Societies there was had a somewhat prolonged and quite animated discussion concerning the propriety of employing local medication. The discussion was based upon the paper by Dr. H. B. Wilson, published in this issue of THE COUNSELOR, and, of course, primarily was limited to the use of such medication in special practice. The subject being of the greatest possible practical interest to all physicians, whether engaged in general or special practice, views were presented reflecting a variety of opinions and phases of belief, limited only by the number of those present. And it may safely be said that the question was not satisfactorily settled when a change of programme was ruled by the chair.

As is pointed out by the writer of the paper, it is impossible to misunderstand the teaching of Hahnemann on this point. Those colleagues who insist that nothing short of an implicit obedience to the teaching of Hahnemann is to be expected, or to be accepted, from practitioners of homœopathy, and who demand that the supreme authority of Hahnemann be acknowledged without any mental reservation on part of any loyal member of the school, cannot possibly so misconstrue the words of the old sage of Coethen as to find in them the slightest excuse for the employment, under any circumstances, of therapeutic agents topically applied. Whoever practices local medication, no matter how carefully or how successfully,

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can no longer claim to follow to the letter the teaching of Hahnemann, and while, in our opinion, he may be a faithful homœopathist, he nevertheless ceases to be a consistent Hahnemannian.

Neither does the subject, viewed in the light of the strict Hahnemannian, admit of discussion. The most candid analysis of the conditions under which Hahnemann gave his iron-clad teaching; the most satisfactory statement—satisfactory so far as any intelligent audience is concerned—of the reasons which may be cited in proof of the fact that, in the main, Hahnemann's doctrine on this point holds good, even at this day, but that, nevertheless, exceptions to the general rule must be recognized; the most convincing clinical proof of the often brilliant success following the exhibition, topically, of certain therapeutic agents; not any, or all, of these can justify the pure Hahnemannian in resorting to local medication. Whenever he does so, regardless of the scientific grounds upon which he so practices, he proclaims in the most forcible manner in his power the fact that, according to his conviction, Hahnemann, in this one particular matter, was at fault. And in so doing he arraigns himself on the side of those who have no hesitancy in paying warm tribute to the greatness of Hahnemann as a medical philosopher, but who as earnestly maintain it folly to have offset the sum total of to-day's clinical experience and scientific work by the dictum of the most brilliant mind of an age long since passed. From this conclusion there is no avenue of escape.

The teaching of Hahnemann on this point is undoubtedly faulty. Certain morbid conditions exist which it not only is perfectly safe to treat by the application of remedies topically, but which absolutely require such treatment. And reference is not here made to instances in which it is desired to produce mechanical effects, as is so often done in certain phases of ophthalmic practice, but to the employment topically of remedies for the one purpose of producing some sort of, or a certain kind of, beneficial and curative action in diseased tissues.

Whether, or not, the application of such remedies results

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in a cure done upon the homœopathic, or some other, law is in some cases a question by no means easy of settlement. The physician, no matter how liberal or how bigoted in his adherence to certain modes of practice, is pretty sure to recognize the supreme duty of curing as quickly and as fully (i. e. permanently) as the present state of medical science makes it possible. It is, however, more than probable that in a very large number of cases, even in an overwhelming majority of cases, such cures are actually performed under the law of the similars, the remedy yielding characteristic dynamic effects, regardless of the manner in which it is introduced into the system. Any careful student of drug-action can furnish examples in which drugs yield characteristic dynamic effects when introduced at a considerable distance from the point at which such disturbances are manifest; to illustrate, the characteristic gastric symptoms of arsenious acid can be produced by the introduction of the poison into the system at a point remote from the stomach. And the instances quoted by Dr. Wilson, in which a drug applied directly to the eye rapidly cures conditions which, upon close examination of the symptoms, can be shown to form a part of its pathogenesy, hints very strongly at the probability that a very great deal of the uncertainty which surrounds this question may be dispelled when provings of drugs embrace every variety of their application and a careful comparison of the results thus obtained.

Nevertheless, however willing we may be to stake the lives committed to our care upon the sum-total of knowledge representing the living present rather than the dead past, the folly of those practitioners who fancy that Hahnemann ever advanced a thought which they may safely ignore *in toto*, is only equaled by the shortsightedness of those who deliberately ignore the plainest fact seemingly, or actually, contradicted by Hahnemann's teaching. The lives wrecked and lost as the result of a too ready use of local medicaments, above all in cases of local eruptions appearing as the expression of a constitutional taint, constitute so dark a chapter in the history of medicine that he is foolhardy indeed who upon the slightest pretext

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forsakes the advice of the master, and in his eagerness for quick results overlooks the safer and profounder action of remedies administered in the usual manner.

The discussion of politics in a medical journal under certain circumstances becomes a pressing necessity, and the political questions arising between the leading schools of practice have again and again been aired in the representative journals of the schools. Such questions are now before the professsion of this state, and if we do not at this time propose to discuss their merits, it is chiefly because the time for talking has passed, and that for action has come.

The State Society, at its last annual meeting, appointed a legislative committee composed of able and trustworthy men, some of whom served the profession faithfully and well when the majority of those now constituting the bulk of the Michigan profession were studying the intricacies of the multiplication table or had not yet arrived in this vale of tears. So far, so well. The State Society, however, neglected a most important item. It failed to provide the means, the *Cash*, with which to purchase rail-road tickets and to pay hotel-bills. To be guilty of such a neglect was a great mistake. Men serving on such a committee, if they actually do serve, are obliged to lose hundreds of dollars by absence from business. Is it just, that in addition to such a serious loss, they should also bear their own cash expense? Should not those who remain at home and *save* money, be at least willing to prevent the *paying out* of money by those who are bound to be the losers in any event?

There are old men in this state who for decades of years have toiled for the common good without reward, save such as was found in the gratitude and friendship of the few who appreciated the sacrifice and the spirit which prompted it. Some of these men have gone over to the majority, and a few of them, like grand old Thayer, of Battle Creek, died poor, simply and *wholly* because they loved the cause better than themselves. Let the profession no longer submit to such sacrifice on the part of

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one or two men. We cannot, in dollars and cents, make good the losses of the past, nor even compensate in cash for the money value of time lost in doing our work *now*. But let us see to it that the funds are supplied by which our effective workers, the members of the legislative committee of the state society, when leaving their work at home shall have placed into their hands funds sufficient to at least pay their actual expenses. Leaving out of consideration any question, if you will, of duty we owe to those men, let us all realize that we owe such a course to *ourselves*.

The writer would therefore suggest that the homœopathic physicians of this state *at once* send to the President of the State Society, Dr. H. M. Warren, of Jonesville, Mich., such sums as they in justice to themselves can afford for the purpose specified. Dr. Warren will, we are sure, cheerfully acknowledge the receipt of the money, and will use it toward defraying the cash expenses of a committee to whom have been confided interests of far reaching importance to all. Do not neglect the matter; open your purse, and remit at once.

TANSLATIONS—SELECTIONS.

EXTRACT FROM A CONTRIBUTION TO THE TREATMENT OF CHRONIC PULMONARY AFFECTIONS IN CURES AND SANITARIA.

An address delivered on November 12, 1886, before the physicians of the German Hospital and Dispensary, by Dr. A. Seibert, Pædologist to the German Dispensary.

[The speaker opens his address by pointing out the inability, by therapeutic measures, to afford much relief, to say nothing of a cure, to persons suffering from chronic pulmonary disease, more especially to the poor. He strongly emphasises the importance of taking prompt action in the earlier stage of their development, and demands that young persons, more especially boys, should be induced, after a thorough examination of their lungs by a competent party, to select their occupation in life with direct reference to any weakness of the pulmonary organs which may have been discovered.

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The teachers in public schools, the press, and boards of health should interest themselves in this, so important, matter; and finally, parents and manufacturers should be forced by legislation, strictly enforced, to have made a careful examination of all their employees who are still minors, not only before entering upon employment (after the close of their attendance upon school), but also at least once a year thereafter, and those suspected of tubercular affection should not be permitted to work in the closed rooms of such factories, even if only on account of the danger of those thus exposed to the contagion. At this day, the mere mention of such a law may be sufficient to provoke many a smile; nevertheless, we all know that some such measures are becoming a matter of absolute necessity.

If now, at the examination of a seemingly healthy boy, just out of school, there is detected in his case a predisposition to lung-trouble, he will undoubtedly show a perfect willingness to select a business which is not very likely to increase the danger eventually of a serious attack. In the case of an adult who is in danger of pulmonary disease, it is usually impossible to change his business; with a boy, it is an easy matter.

The writer now makes the proposition that the most important therapeutic agents in the treatment of lung-affections are *Pure Air* and *Good Feeding*, and then continues as follows:]

To make more thorough investigation into the methods now in vogue in the sanitaria and in "cures," I visited, last August, Falkenstein in the Taunus, Davos in Switzerland, and Gœrbersdorf in Silesia.

Falkenstein is a private institution, belonging to a stock company, under the direction of Dr. Dettweiler, formerly assistant of Dr. Brehmer, in Goerbersdorf.

The grounds of the institution, consisting of woodland in which both leaf-bearing trees and pine are represented, laid out in well-kept drives and abundantly provided with opportunities for resting, may be reached from Frankfort on the Main in a couple of hours, partly by rail, partly by carriage

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or on foot. The institution consists of a large building, provided with two extensive wings and an annex, connected with the main building by a covered passage. It lies in the opening of a valley at the southern slope of the Taunus, and in the north, east, and west is protected by high mountains, while toward the south the descent of the valley is very rapid, allowing a magnificent view of the far-reaching plain, whose horizon, on a bright day, is dotted with the towers of the once free imperial city of Frankfort. It is hard to imagine a more beautiful spot.

The place lies 1,370 feet above the level of the sea. The institution was founded in 1874, and enjoys an extensive reputation. It contains eighty rooms with one hundred beds. The rooms are large, are well ventilated, and are open day and night, i. e. at night, open from above. The farm-buildings consist chiefly of stables for the cows, which are managed in accordance with the rules of the milk-cure at Frankfort, the animals being fed exclusively on hay and wheat-bran.

The chief points of the treatment consist in systematically and daily more and more accustoming the body to the weather, in such a way that at last the patient may be in the open air daily, regardless of the weather, either walking about, or making the ascent of the mountains, or enjoying the permanent open-air cure by lying at full length, wrapped in woolen blankets, upon the couches. It seems odd to see so many patients lying about, wrapped-up like chrysales, always provided with their cuspidor containing a solution of corrosive sublimate, the latter a practical recognition of Koch's theory.

The so-called *permanent open-air cure* which is here in vogue, as practiced by Dettweiler, necessitates special conveniences and constant intercourse between physician and patient. If these are had, there is scarcely a state of the weather, a time of the year, day, or night, which cannot be utilized to the benefit of the patient. There are open, airy, glass-covered promenades and rotary pavillions on the terrace which is protected by the two wings of the main-building, and here are placed the lightly-upholstered couches on which the patients, properly covered,

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pass the entire day, save the time allotted to the meals and to the walks. Dettweiler himself, concerning this matter, says:

"Growing bolder and bolder with our success, we have during the last three winters accomplished the feat of having *all our patients*, with the exception only of those whom intercurrent attacks or very severe illness kept in their room, spend nearly all their time in the open air, and this in all sorts of weather, even during the prevalence of a heavy fog, during a snow-storm and a temperature as low as—10° and—14° R. We have tables of statistics of the last winter but one, concerning this prolonged open-air treatment, which make a remarkable showing when compared with Davos and other places, and when there are eliminated from them the effects of the sun and of fine weather."

"Some especially zealous persons have thus formulated a sort of *Jour medical* of 10 to 11 hours during these winter months. Of course, the number of these is small, only about 6 p. C.; but 8 p. C. reached nine hours in the open air; 8 p. C. over eight hours; 18 p. C. over seven hours, and 18 p. C. over six hours, etc. Only a minimum portion of the patients were confined to the house on account of advanced disease, and with the exception of these we have found but few cases unfit for the customary treatment here. These are the excessively anæmic, and those suffering from certain forms of continuous fever who, even during the highest temperature, from the slightest cause suffer from a sensation of chilliness. The average time then, in the winter, is from five to six hours, even for the majority of those who are quite feeble and who suffer from hectic, persons who, on account of the frost, cannot get out of doors until the afternoon. To compensate for this, their stay out of doors does not terminate until late in the evening; back of the long rows of couches which are placed against the walls, jets of gas and lamps, provided with reflectors, make passible reading, writing, or playing of games among neighbors, and the winter day does not come to a close until 10 P. M., when the patients retire to the cool, thoroughly ventilated bed-rooms. It may be mentioned as something out

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of the usual order of things, that more than one-half of our sick, as a matter-of-course, during Christmas and New Year's vacation enjoyed the "steaming bowl" beneath an open tent which was on all sides surrounded by fir-trees stuck in snow. And all this without a single unfavorable result. The tolerance of the patients of everything pertaining to inclemencies of weather is developed under proper medical supervision, the remarkable lessening of the cough, the stimulus of the process of nutrition, the increase of well-being, and the favorable modification of the fever,—all these are simply surprising. With my experience here I would not consent to treat phthisis without this permanent open-air method, and I do not fail to urge its claims upon my colleagues."

Thus far Dettweiler; and no comments are needed.

The diet of the patients is nutritious, adapted to each individual case, and strictly watched. The climate is that of central Germany. Cold douches and friction are used pretty freely, as warranted by the strength of the patient. The showing made at Falkenstein is good, and can at any time invite comparison with similar institutions situated at a higher attitude.

According to Dettweiler's latest published report of 1,022 patients, 242 were discharged cured,—all these cases of tuberculosis, and there was an increase of 3 p. C. over former results, which increase he attributes to the permanent open-air cure.

Davos, in Switzerland, was the next place I visited. From Zuerich the railroad follows the lake, then it follows the romantic lake Waaler by the way of Ragatz as far as Landquartz, not far from the final stopping place. At Landquartz the traveler takes the stage, and for eight hours ascends into the mountains, an exquisite pleasure in fine weather, viewing, as I did, the beautiful scenery from the top of the coach. High up in the Alps, 4663 feet above the sea, Davos lies in a long, narrow valley, protected on nearly every side against the bleak winds by the chain of mountains.

The atmosphere here is thin, dry (save in spring from the

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copious exhalations from the ground) and free from dust. Bronchitis is common from April to June, and pneumonia is not unfrequent, from the prevalent abundant moisture, as the physicians explained. Unfortunately, there is no sanitarium at Davos. The patients live at hotels and boarding-houses, arranged as those places are in other parts of Switzerland. I found, however, an improvement in the manner of ventilating, the windows being so arranged that they could be opened from above inward, so that the current of air is carried along the ceiling, and the occupant is protected against direct draft. Stoves are used for heating purposes.

The patients at Davos are pretty much left to themselves. The physician makes his visits as he deems best, just as in private practice. Much less attention is paid to the sick than in a "cure;" one afternoon of a beautiful day I saw about ten patients, sick with pulmonary trouble, in a parlor of the hotel, with doors and windows closed, smoke their cigarettes, busy at cards and billiards. The douche is used little, but bathing and friction is practiced freely.

There is no real forest in the immediate vicinity of Davos, nor have they proper roads for walking and mountain-climbing. In spite of this, the greatest importance is attached to constant exercise in the open air, in contrast to Dettweiler's notions of wrapping-up the sick. In the winter the patients use skates, take long drives in sleighs, and for hours tumble on the ice with sleds. The exercise taken is governed in so far as at first only short walks in the valley are permitted, and mountain-climbing is indulged very cautiously, until later even distant excursions into the mountains are made by the more energetic patients. This necessity of "growing accustomed" depends upon the variety of the air.

It seemed worthy of attention to note that the physicians lay much stress upon *rest in bed* of feverish patients. This is maintained until the fever has disappeared. Medication is not had in such cases, and the argument is justly made that its employment would only result in temporary lowering of the temperature without curing the fever. Dr. Ruedi, in one board-

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ing house, in appropriate cases orders the beds rolled into a roofed porch, and he reports good results.

The atmosphere of Davos exercises a peculiar bracing, refreshing and stimulating effect upon the new-comer. It seemed to me during my stay there as if there were no limit to my strength, and I was constantly tempted to sing—sure signs of marked physical well-being. Although all the alcoholic stimulants I took consisted of two glasses of wine at dinner, I was in an actually jolly condition, such as results from a moderate amount of champagne.

Since the dryness of the atmosphere continues during the winter, Davos meets the requirements of a winter-residence. Nearly all the fall of moisture occurs in the form of snow, which nearly always covers the ground until spring. Even in the winter clear days are more numerous than cloudy, and it is thus again that the air is warmed and rarified by the sunlight, and the atmospheric pressure is correspondingly lessened.

The variations of temperature at Davos are great, between summer and winter (between —25° C. as minimum and +24° C. as maximum), also between day and night, and even between consecutive days. When I arrived at the "Kurhaus" at ten o'clock of a moonlight evening, the air being absolutely still, I was frozen through in spite of a woolen lap-robe, and on the following day it was hot, at least in the sun. The mean temperature of the months November, December, January, February and March (the most important months for the patients here), according to Spengler, was almost always below O°! However, the air is still and dry—a fact fully in accord with the result of our inquiries concerning the influence of weather. It is also a fact that the great variations of temperature do not unfavorably affect the respiratory mucous membrane, provided that there is no wind and access of moisture. For instance, in January, 1877, the average maximum temperature in the shade was 2.25°, and that in the sun 42,39°, so that in the middle of winter the patients could sit in the open air, and right after could without harm inhale much colder air.

According to Steffen's estimate, the absolute moisture at

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Davos is 4.8 grammes to a cubic meter of air, so that the atmosphere at a heat of 37 C could still take up 38.7 grammes of moisture to each cubic meter. The mean *relative* moisture in 1876 at 37° (97° F.) was 11.1 p. C. If we now bear in mind that the season of the greatest and most continuous moisture here is the spring, and that bronchitis and pneumonia prevail at this time,—we see that this agrees with the result of our own investigations, and contradicts Baker, of Michigan, who fancies to have found in dry cold the one cause of pneumonia. If he were correct, Davos would not have won a reputation as a winter resort for the sick, for dry, still cold is the factor of which they brag. And an atmosphere which acts favorable upon the chronically diseased respiratory mucous membrane cannot possibly become the cause of an acute inflammatory process, Baker notwithstanding.

For patients then who have sufficient energy and stability of mind to observe of their own free will the directions of their physician concerning their method of life, or for those who have had the chance to gather experience in a regular sanitarium, and whose lungs are not already beyond the reach of curative influences, for such people Davos is beyond doubt the best place for a winter residence. These conditions wanting (and such is usually the case), Falkenstein or Goerbersdorf would be the choice, for the seclusion of Davos sooner or later becomes a source of such loneliness to the patient, that, with the relatively lax control of the physician, they soon fall into habits which at once make a cure questionable, if not impossible.

The results of treatment here are well known, though no statistics are had. Here, as elsewhere, two points are essential to a desirable result:

First, the case must be taken in hand early.

Second, the directions must be followed with exactness and patience. Persons half-dead are not cured here, and even this climate can do nothing unless the patient helps in every direction.

GŒRBERSDORF.—In the south-eastern corner of Silesia, close

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to the Bohemian frontier, lies the little village of Gœrbersdorf, in which, 32 years ago, Dr. Brehmer, the Nestor of climato-therapeutics in pulmonary effections, founded that institute of his which now enjoys a world-wide reputation. The little house which Dr. Brehmer himself pointed out to me as the cradle of his enterprise is a small two-story building which in no wise differs from the other buildings in the village.

The present main buildings of the institution are of gigantic proportions, and their tasteful style renders them noteworthy. Three hundred patients can find accommodations. The arrangements for ventilating are excellent, and pains are even taken to have the air in the rooms renewed every three hours. Provision is also made that in the summer the rooms can be cooled by flushing of the ventilators.

The roads and the park about the institution are in good condition, and offer variety, and extend for three English miles through beautiful growths of fir over a considerable rise of ground.

The institution lies 1800 feet above the sea level, *i. e.*, according to Brehmer's notion, above the "line of immunity" which, he says, begins at an elevation of 1600 feet.

The agricultural buildings alone are worthy of inspection; the cows are of a native breed, numbering about forty-five; the dry plan of feeding is not practiced here.

The treatment of patients, conducted by Dr. Brehmer and four assistants, is here exceedingly strict and exacting. The patients become mere machines, guided only by the hands of the physicians. This treatment of the patients not unfrequently furnishes occasion for bitter remarks concerning Brehmer and his sanitarium, and not rarely leads patients to leave it. The latter are cheerfully permitted to depart, and the former are treated with patience. It becomes the nature of those sick with lung-troubles, after passing through the hands of many physicians, to fancy that they know more of their ailments than all the authorities. When such a one gets into the straight-jacket of Brehmer's method, his omniscience rebels against every direction he receives. But it is this very method in

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everything, this absolute ignoring of the patient's will, which insure to Brehmer the results which no one else has been able to reach. The patients *must* at stated times of the day drink their measure of milk, and must closely follow dietetic orders. The use of tobacco in the buildings and grounds is forbidden, as is also the use, without special orders, of alcoholic drinks. The walks, which, unlike those of Falkenstein, are made *up-hill* in the fir-woods, are always carefully regulated, both as to length and time. The douche is used often, and is only omitted when cardiac weakness exists.

Gradual lessening of sensitiveness to atmospheric changes, with methodical development of the heart muscle through mountain-climbing, with the milk-diet and excellent food, constitute the chief characteristics of Brehmer's treatment.

The climatic influences at Gœrbersdorf are not as favorable as at Devos, and no better than those of Falkenstein; a proof that climate is an important auxillary, but not the *one* agent in the cure of chronic pulmonary affections.—(*New Yorker Medizinische Presse, December, 1886.*)

In the "Muenchener Medizinische Wochenschrift" mention is made of an extirpation of the uterus, per vaginam, performed by Dr. Bardenheuer, in which some considerable annoyance was experienced on account of the narrowness of the vagina and the immobility of the uterus. The operator was shocked to discover that in performing the extirpation he had also removed a piece of the right ureter, about 2 cm. long, which had laid close to the carcinomatous structures. The patient, aet. 49 years, having suffered but little from hæmorrhage, and being in good condition, the operator at once resolved upon the removal of the kidney, and accomplished this in two minutes. The patient made an excellent recovery.

Absinthin has been examined again; Duquesnel found it to be a very bitter material, crystallizing in colorless prisms, slightly soluble in water, easily so in alcohol and ether. Roux declares it to be non-poisonous, and has given from 1-10 to 1-5 gram of it twice daily.—*Homœopathic Recorder.*

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CHAT ABOUT BOOKS.

THERAPEUTIC METHODS. AN OUTLINE OF PRINCIPLES OBSERVED IN THE ART OF HEATING. BY JABEZ P. DAKE, A. M., M. D., LATE PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN THE HAHNEMANN MEDICAL COLLEGE, ETC., ETC. OTIS CLAPP & SON, BOSTON AND PROVIDENCE. 1886

The publication of a book by an author of established reputation as a man of mature and deliberate judgment concerning the subject upon which he writes, becomes at all times a matter of considerable interest to those engaged in the line of study with which the book deals. This is particularly the case with medical publications, and a writer who, like Dr. Dake, has for many years enjoyed the reputation of a careful student of drug-action and of a very busy and highly successful general practitioner is quite sure of a large and attentive audience, thoroughly eager to hear all he has to say on a subject of absorbing interest to all.

Those who expect to find in "Therapeutic Methods" a work calculated to revolutionize, or in any way to violently change the current of, homœopathic teaching as represented by standard writers, will find the book disappointing; readers, on the other hand, who from personal knowledge of the author expect of the volume a careful, candid unprejudiced discussion of the entire subject indicated by its title, will read the book with considerable interest and profit.

Under the term "Therapeutics" Dr Dake includes practically every agency applied for the removal of disease. "The distinctions made under the promptings of some transient theories magnifying the importance of some things and minifying that of others, have often led to grave errors in practice. It has frequently turned out that what was regarded as accessory and of little importance in the treatment of a form of disease, has afterwards come to be ranked as the essential or most important. It is, therefore, much safer and more promotive of the medical art, to recognize in the domain of therapeutic principles whatever is employed for the removal of disease.

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As an example, I may mention the popularity of some simple herb, used in the form of tea or hot infusion, which afterward was found to be medicinally inert, the entire benefits of the tea having come from its high temperature, (Preface, p. 6).

In thus broadly viewing the field of therapeutics, and in thus adopting a correspondingly broad definition of the term itself, the author is naturally led into that careful comparison of the various "therapeutic methods" in existence which actually constitutes the chief aim of this work, and to define the scope and the natural adaptability of the different methods considered to the removal of existing pathological conditions. The examination into the merits of the various methods noted is not extensive, yet sufficiently thorough to leave with the reader the impression that of the important points to be made none have been omitted; at the same time, the studied brevity of the paragraphs and chapters practically results in a framework of facts so strongly suggestive that the intelligent student of therapeutics can have no difficulty whatever in "filling-in" to his heart's content and in enlarging, without getting away from the author's clearly-stated proposition.

As to the teaching of the work, opinion concerning its merit and soundness will necessarily be divided. To the men who practically maintain that the law of the similars is strictly universal, i. e. absolutely all-embracing, it must and will be exceedingly distasteful to hear again from the pen of a prominent practitioner and teacher the distinct avowal that non-homœopathic methods of cure *must* be recognized, that they have their place in the universal therapia of the world, that no physician *dare* ignore them. And to the men who stubbornly ignore the fact that even Hahnemann, at the very moment when he announced his law of cure, at once and boldly enumerated conditions which made impossible the operation of methods applied under this very law,—to such men any argument tending to show facts opposed to their cherished belief is, and always will be, an unpardonable sin. The great bulk of the profession have learned to view these questions without fear or distrust, and very small indeed is the number of those

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who refuse to avail themselves of the manifold methods which present themselves in our efforts to circumvent and to cure morbid processes, giving credit wherever credit is due, without in the least compromising their faith in the law of Hahnemann properly and intelligently interpreted. It is to this latter class of practitioners that Dr. Dake's "Therapeutic Methods," chiefly in stimulating thought and careful comparison, will prove a great help.

Whether, or not, all the conclusions drawn by Dr. Dake are correct, is a question not to be discussed here. That they are stated with clearness and with moderation, such as becomes one who understands himself and the subject under discussion, cannot be denied. And all careful observers will more or less heartily indorse the proposition that the time is not far in the future "when more careful and rigid experimentation will greatly reduce the number of drugs employed, and when much greater reliance will be placed on the measures and agencies now ranked as hygienic."

The mechanical execution of the work is of a very high order of merit, in fact, the volume constitutes one of the most perfect specimens of the prinfer's art which has of late been placed upon the market. H. R. ARNDT.

COLLEGE ITEMS.

The alumni and friends of the University, and especially of our department, should exert more influence in its behalf than they have done hitherto. No alumnus should keep his mouth closed or let his pen lie unused at this time. The people throughout this state do not know fully the wants of the University, or they would rally to its support and supply them. The people are not disinterested in our University. The great majority of them know that no other institution in the state has brought them so much credit or, indirectly, has so much increased the value of all the material resources of the state. But there should be greater efforts to still further acquaint them of the facts and to induce our present legislature to supply those necessities. And outside of those immediately connected with the government of the institution the responsibility of giving the information lies most of all with the alumni.

Never before has the University had brought to her view such wide opportunities for extending her educational influence and usefulness,

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and yet we doubt if ever she has seemed to be so constrained and so unable to satisfy her longings. We do not take any narrow view of this matter; we are not speaking of the Homœopathic college alone, but refer to the needs of every department.

The salaries of our president and of many of our professors are shamefully and degradingly low, and in many instances are endured by the greatest self-sacrifice.

New professorships are demanded. The most of our buildings are illy constructed and badly ventilated. New buildings and improvements in old ones are demanded to carry on the necessary work. Our hospitals in their appointment and construction are a disgrace to this state. Our museums are too small. Our library is in the utmost poverty, except in one or two departments that have been especially provided for through the munificence of a few appreciative and wealthy friends. We find from actual experience that in almost every case copies of standard medical works are absent or are of such old editions that they are practically worthless.

There are no provisions for the proper display of even a small part of the art collections now on hand and of those recently bequeathed to the University, much less to make these collections available as a basis of instruction. This condition of things exists simply because the regents are unable to do better with the small appropriations the legislature commit to their charge.

Can not every Alumnus in the state see that it is his plain duty to back up the efforts to secure larger appropriations than have heretofore been made?

MEMORANDA.

Dr. Frank Kraft (Hom. Med. Coll., of Missouri, '86) has associated himself with Dr. H. C. Allen, of Ann Arbor, Mich.

The Hahnemannian Monthly is now published by Drs. Pemberton Dudley and Bushrod W. James, and its issue of January presents a very neat and tasty appearance.

The Physician and Surgeons Investigator," of Buffalo, N. Y., is undergoing some editorial changes, Dr. Asa S. Couch retiring from the chief editorial responsibility.

The Archives of Gynæcology, Obstetrics, and Pædiatrics, New York, will hereafter be issued monthly, instead of bi-monthly. Address Leonard & Co., 141 Broadway, N. Y.

Prof. C. Theo. Liebold, M. D., a distinguished homœopathic physician, of New York, and one of the founders of the New York Ophthalmic Hospital, was found dead from apoplexy in his chair on the morning of Tuesday, November 29th.

Dr. J. B. Mattison, 314 State st., Brooklyn, N. Y., requests the details of any case of cocaine addiction which has come to the notice of the profession. Dr. M. says, "I will thank him (i. e. the reporter) for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper."

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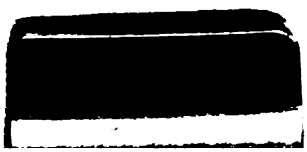
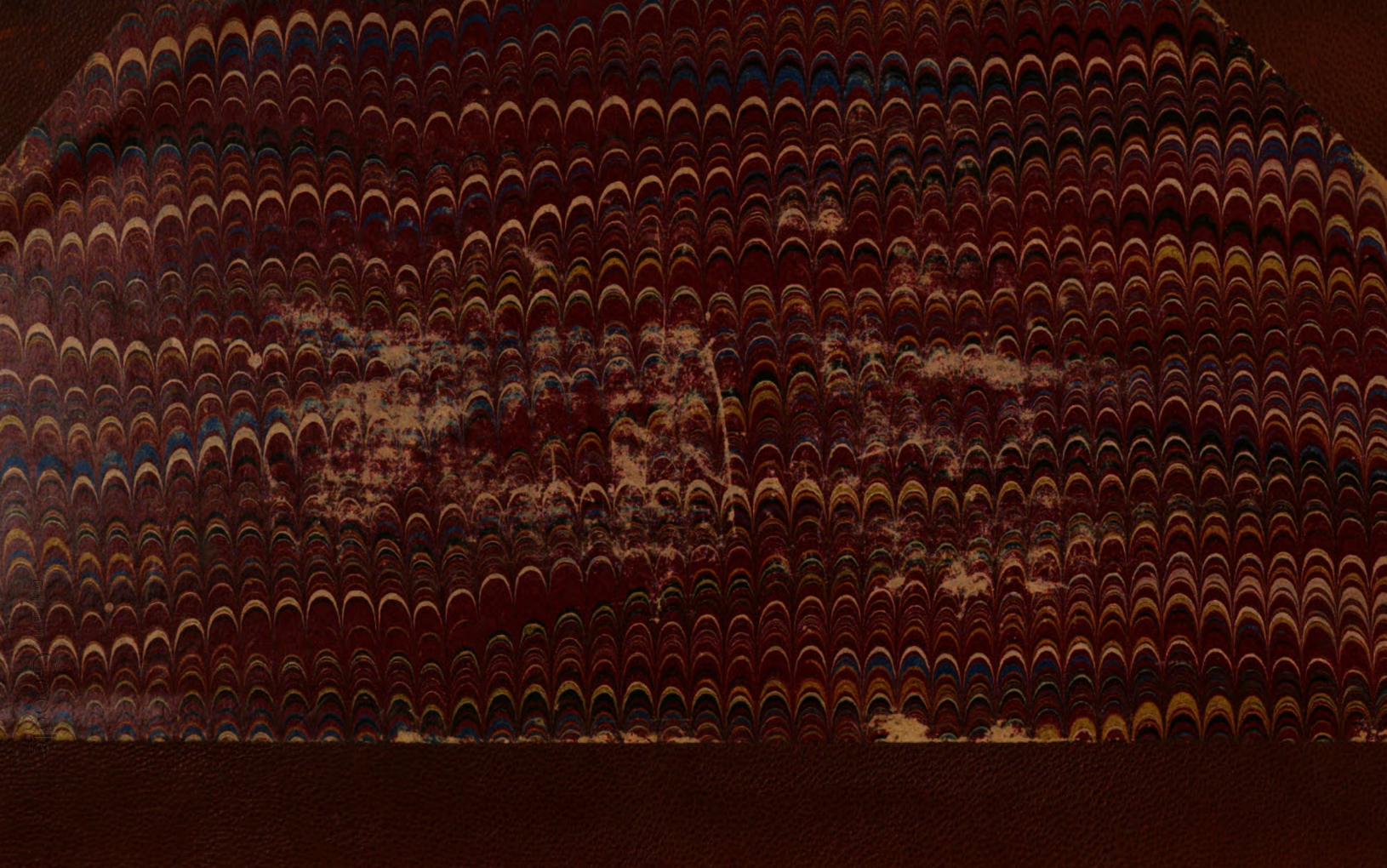
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